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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

TWO CASES OF SEVERE CHOREA: ONE OF UNUSUAL INTENSITY.

Under the care of JAMES RUSSELL, M.D.

CASE I. (Clinical Clerk—Mr. CHAS. WALLS.) E. K., aged 19, single, a tinplate-worker, was admitted on May 13th. She admits an illness of only a fortnight's duration, although it is plain that she has suffered from her present complaint for a longer period; but she appears to have taken little notice of it. Her walking powers have been impaired for a fortnight, and she has been altogether much worse during the last three days. She has worked hard, and has lived badly, being an orphan and friendless, and depending on her small earnings for maintenance. She has been losing flesh lately, but is uncertain for what length of time. Her menstruation was suspended last Easter, in consequence, as she states, of her getting her feet wet, and it has not returned: it was quite regular previously, and was not attended with much pain. She has had some œdema of the feet the last few days. She has not had a fright, and does not admit the existence of any mental disturbance, excepting that she "spent silly" some money sent to her by her brother to support her during a voyage to join him in America. In the course of the case, however, the nurse reported that the girl had been visited by a young man, "a cousin"; and that she was much excited afterwards. She has passed joints of tapeworm. Her mother died of consumption: she does not know the cause of her father's death. No member of her family has been affected with chorea.

Present Condition. She is thin, pallid, and cachectic. She has constant choreatic movements affecting her entire body and limbs, and an effort of any kind occasions much aggravation of their violence; they affect all parts of her frame alike. Her grasp is tolerably firm, but is not maintained: there is no exaltation of excito-motor excitability. She speaks with difficulty, and with evident preparation; and her articulation is so imperfect that it is difficult to obtain any particulars of her history; indeed, much of the foregoing account was recorded at a later period of the case. Deglutition is natural; she protrudes her tongue easily. The bowels are confined; the abdomen is not tumid. Sleep is imperfect. It was impossible to perform auscultation satisfactorily, on account of the constant movement of her trunk.

Sumat statim pilulæ colocynth. comp. ℈ss.

Sumat omni nocte morphiæ hydrochloratis gr. ¼.

May 14th. The movements have increased in severity; the night has been passed without sleep. She now lies still, but is much agitated when spoken to, and is distressed by want of control over her limbs. Urine free.

Sumat ter die quinæ disulphatis gra. iij; ferri sulphatis gra. ij.

Repetatur morphia.

She was ordered to have two glasses of wine.

May 15th. She slept for six hours in the night, but is now very much agitated. She is sitting up, her trunk in constant motion, and is much distressed by her condition. She cannot keep her tongue protruded. She complains of nausea, and vomited a clear fluid during the visit; has no appetite, but takes food when required. Bowels still confined; tongue clean. The sounds of the heart are faint, but clear.

Sumat 3tis horis pilulæ colocynth. et hyoscyami ℈ss.

Her back was ordered to be well sluiced.

May 16th. She continued in continual motion up to midnight. The constancy and violence of the movements induced the resident physician, Dr. Maxwell, to administer repeated doses of Battley's solution, with the effect of giving at last some quiet sleep. Her trunk and upper extremities are now in incessant motion; but nevertheless she contrives to feed herself with bread and milk made tolerably dry. She has taken food well. The pulse is very feeble, but cannot be counted. Her bowels have been opened freely by a turpentine enema: no worms were found in the evacuation.

Sumat misturam quinæ, etc., 3tis horis.

Sumat 6tis horis liquoris opii sedat. ♏xij; spiritûs ætheris sulphur. comp. ℥j; spiritûs ammoniæ fœtidi ♏xv; misturæ camphoræ ℥j.

She was ordered to have five glasses of wine.

May 17th. She was quieter through yesterday, but she vomited her food. She refused the wine. The cervical region was ordered to be rubbed with tartar emetic ointment. The mixture was continued. Wine, milk, and beef-tea, were given, as she could take them.

May 18th. The movements have been incessant, and she has slept little. Attempts to perform any act cause agitation involving almost every muscle of her trunk and limbs; and she dashes herself down from the sitting posture with such precipitation as to risk injuring herself. Her tongue is snatched back after having been protruded; her articulation is nearly unintelligible; deglutition is performed with difficulty; and last night she bit a piece out of the medicine-glass in the violence of her effort to seize its contents. No eruption has been produced by the ointment. Vomiting has been frequent.

Sumat 2ndis horis quinæ disulphatis et ferri sulphatis ää gra. ii in formâ pilulæ.

Adhibeantur tincturæ opii ♏xx in enemate pro re natâ.

Ice was applied to the spine. She was directed to be placed in a ward alone.

Vespere. Three opiate enemata have been given, but the ice could not be applied satisfactorily. Her whole frame is in constant motion, tossing, twisting, and striking against the bed; and some delirium appears to be present. Dr. Russell and Dr. Maxwell administered chloroform. After a drachm had been inhaled, the patient became quite quiet, and seemed asleep; but, immediately on the withdrawal of the inhaler, she was as violent as ever. Half the quantity was repeated, with a like result; her pulse rose in volume, stood for some minutes at 100, then remained steadily at 80. The chloroform was followed by vomiting.

May 19th. She has slept for four hours, after four doses of opium, two grains in each. This morning an enema of turpentine and assafœtida was administered. She complains of incessant thirst and hunger, and has taken gruel, milk, and port wine. There is some eruption from the ointment. Her movements are unceasing, though less violent: she frequently cries out. Her heart acts tumultuously and violently; her pupils are small.

Vespere. She has been in a state of mania, the mental excitement aggravating the violence of the movements. She has vomited three or four times. Some joints of tapeworm having been seen in her stool, Dr. Maxwell directed a turpentine enema; but no more joints were expelled. She is at present somewhat maniacal, looking wild and distressed, and crying out to the bystanders incoherently. Much irritation has been produced by the ointment, which is to be omitted. She was ordered to continue the quinine and iron hourly.

Sumat statim terebinthinæ ℥ss; olei ricini ℥ij.

The draught was vomited immediately. A shower-bath, administered at her own request, aggravated the movements.

At 8 P.M., Dr. Maxwell again placed her under the influence

of chloroform for an hour and a quarter. She was rapidly laid asleep; but, on removal of the inhaler, the violent movements returned speedily. Dr. Maxwell then gave her a glass and a half of brandy, and she slept till midnight, when she awoke so violently maniacal that one person could not restrain her. Thus she continued for three-quarters of an hour, when half a glass of brandy and two grains of opium again laid her asleep, from which state she afterwards awoke maniacal, though less violently so.

May 20th. At 6 A.M. the opium was repeated. She passed stools yesterday free from worms. She has taken abundance of milk, and has only vomited twice. At this morning's visit, the movements seem to have almost subsided; she is sitting in a chair nearly quiet. She looks worn, but not wild, and articulates more distinctly. Pulse 116, very feeble; tongue clean.

Vespere. The calm of this morning has proved but transitory; the violent movements are renewed, and repeated vomiting of a thick green fluid has taken place. She is, however, perfectly rational. She has great difficulty in feeding, and cannot take her milk from a feeder, as she is unable to maintain suction, and depends upon the movement of inspiration for drawing in the fluid. Copious affusion of cold water, to the extent of two buckets full, was practised over her spine, as efficiently as her state of constant movement admitted.

Sumat 2ndis horis terebinthinæ ʒss; zinci sulphatis gra. iij.

May 21st. The night has brought no amendment notwithstanding three doses of morphine. This morning, chloroform was again administered by Dr. Maxwell for an hour and a half. She fell rapidly under its influence; but, as before, the beneficial effect subsided as soon as inhalation was suspended.

Sumat 3tis horis tincturæ filicis maris ætheræ ɱxl.

She was ordered to contiue the zinc.

Vespere. About noon she became sleepy, and has since been sleeping soundly, awaking, at intervals of twenty minutes, in violent motion, but speedily subsiding again to sleep.

Sumat statim calomel. gra. iij; jalapæ gra. x.

May 22nd. Natural sleep continued through the night. Yesterday afternoon, a dose of jalap was given; but no evacuation was obtained. She is now awake and tolerably quiet. Her limbs are covered with bruises, and her chest with scratches. At her request, she was assisted to lie with her head at the foot of the bed: she performed the change of position in a single evolution; desiring a bystander to hold her hands, she reared herself on her knees, and in one rapid twist, in the course of which the face of the assistant was seriously imperilled, and her own head nearly came into violent collision with the bedpost, she flung herself down. She is quite rational. She took a good deal of wine yesterday.

Sumat statim tincturæ filicis maris ʒj.

Sumat 4tis horis decocti aloës ʒj; magnesiæ sulphatis ʒss; tincturæ rhei comp. ʒj.

May 23rd. After other purgatives besides the one prescribed, three stools were obtained without any worms. She passed a quiet day, and slept through the night. The choreatic movements are now only exhibited when she is directed to perform any act, as to protrude her tongue. She has been very thirsty and has drank largely of milk. She complains of great weakness and of pain from her bruises, especially from one on the inside of the right thigh, which is hard and inflamed.

An effervescing mixture, containing carbonate of ammonia, was ordered.

It is unnecessary to lengthen these details by copying the daily reports of the patient's progress towards convalescence. Her general health mended quickly; her appetite returned; and the nutrition of her body improved. For two nights after the last report her sleep was very much disturbed, and by day she was much depressed, and lay moaning and talking to herself. The irregular movements have not yet entirely subsided, and are easily reexcited by agitation, and once to a considerable extent by a temporary indisposition.

She continued for some days unable to protrude her tongue, and she could not maintain her grasp. Her manner too was foolish. She laughed in an unmeaning manner, and seemed like one whose mental power was feeble. This remains with her. Whether it is natural to her, or the result of her illness, we had no means of learning.

Extensive but superficial inflammation of the subcutaneous cellular tissue of the right thigh took place, followed by suppuration; and by the formation of two small abscesses in the ham; but she soon recovered from these local affections.

Case II. (Clinical Clerk—Mr. T. H. Bartleet.) M. A. R., aged 5, was admitted on February 18th, 1859. She had convulsions when she was a year old, which were attributed to teething, but she has not had any illness since that time. She was quite well until January 23rd, when she was first noticed to twitch her arms and hands; all her limbs became gradually involved, and articulation and deglutition difficult. Her appetite continued good; her bowels were regular. No cause for her illness can be assigned. She has never had rheumatism; her father has had rheumatic fever; there is no history of heart disease in her family, nor has any other member suffered from chorea.

Present State. She is a lively cheerful looking little girl, with light auburn hair and light complexion, well made, but pale and thin, and her muscles are flabby. She lies quite quiet unless noticed, when she throws her arms about, jerks her head, and lolls her tongue out of her mouth. She cannot speak, and drinks with much effort, throwing some of the liquid back; deglutition is attended with irregular action of the constrictors of the pharynx. She is unable to stand, and any attempt to move her brings on violent general agitation. Her pupils are remarkably dilated. She lies apparently at her ease, noticing things passing about her.

Sumat ter die zinci sulphatis gra. ij.

She was ordered to have two glasses of wine, meat, beef-tea, and milk.

February 19th. She has passed a good night; she is now lying on her back; at frequent short intervals her limbs are thrown into violent agitation; her back is slightly arched, and her shoulders are drawn up; her tongue is lolled out, and a sucking noise is made by her cheeks and lips. She cannot articulate even a monosyllable. When she is raised, her lower limbs are found to be utterly powerless, and her body twists like an eel. The sounds of the heart are perfectly normal. Her spine is healthy.

She was ordered to take the mixture every three hours, and two teaspoonsful of cod-liver oil three times in the day.

February 20th. There is much less agitation. She lies still, and scarcely utters a word through the day; in performing deglutition, the muscles of her tongue are thrown into irregular action, and a sucking action of her lips is set up; she protrudes her tongue with an effort, which throws both her arms into violent agitation. Micturition is natural; her bowels are open; she takes food well. Pulse 104, very feeble. The pupils are widely dilated.

February 22nd. She is quite intelligent, and smiles when noticed. She lies still, occasionally tossing an arm or jerking her neck, but without any controul over her muscles; and in attempting to perform any movement, the limb set in action is whirled about, and her body is much agitated. She cannot protrude her tongue; but when told to do so, she opens her mouth, and puts up her hand, as though she would pull it out.

Sumat zinci sulphatis gra. vi ter die.

February 24th. She makes fruitless endeavours to talk, and can just protrude her tongue with violent general contortions. She has no power whatever to maintain her body erect. Her pupils are still widely dilated. Pulse 92, very feeble.

Sumat 4tis horis quinæ disulphatis gr. i; ferri sulph. gra. ij.

Three glasses of wine were ordered.

February 26th. She can utter the word "better", and her pupils are less dilated.

March 1st. She can speak a few words and protrude her tongue more steadily. She sleeps a great deal; and since she has been in the hospital her nights have generally been quiet. When desired to grasp any object, her arm is jerked in all directions except the right one, the fingers are alternately flexed and extended and work about, scratching the hand she tries to seize, but not retaining hold for an instant. Her back was ordered to be sluiced with cold water.

March 5th. She has more power to support herself, but is powerless to raise her body from the recumbent posture; and, when desired to lift up her legs, she merely straddles them widely apart. She articulates a few monosyllables, but the effort to do so produces much agitation of her body. Her pupils are still widely dilated. She is intelligent, cheerful, and happy.

Sumat bis die strychniæ gr. 1-32.

March 10th. She can rear herself into the sitting posture, though with an effort, which sets her muscles generally into considerable action. Her general health is very much improved. She was ordered to be sluiced night and morning.

March 12th. The strychnine was omitted.

Sumat ter die olei morrhuæ ℥ij.
Sumat ter die ferri phosphatis gra. v.

March 20th. She talks very well; her grasp is much more steady, and she can clap her hands; but she is still quite unable to support herself on her feet. When she is raised by the nurse, her feet are rigidly extended, so that her toes alone touch the ground, and her body falls over the nurse's arm, as if without life; she can, however, clasp her arms round the nurse's neck, which hitherto she has not been able to accomplish.

March 31st. For some days she has been able to controul her upper extremities, to hold out her arm without moving it, and she nurses her doll. When placed erect, she can stand for a few seconds, one arm only being held, her whole frame becoming rigid by the effort, but not being jerked.

April 3rd. She makes an attempt at walking with the support of the nurse, throwing each leg in turn clumsily forward, and crossing one leg over the other; her awkward performance affords her much amusement.

℞ Strychniæ gr. ½; alcohol ℥ij; syrupi ℥ij; aquæ ℥vi; Sumat ℥ss ter die.

March 16th. She walked the length of the ward to-day without help.

May 3rd. She walks quite steadily.

REMARKS. These two cases of severe chorea afford a very interesting contrast. Both presented, in a very marked manner, that absence of all control over the voluntary movements, and that loss of the power to direct the motor impulse to any particular part of the body which characterise the disease. Whenever any effort was made to set in action some one set of muscles, the motor excitement diffused itself over every part of the voluntary muscular system. This phenomenon was especially striking in the child, from the contrast between the usual state of perfect quiescence and the general muscular agitation which was produced when any motor impulse was transmitted from the brain.

But whilst, in the former of the two cases, the ordinary voluntary movements were exaggerated to such a pitch of violence as to verge upon a state of clonic spasm, in the second the muscular system was so much enfeebled as to approach a state of paralysis. The violent contortions, involving every muscle, in the one, were in striking contrast with the quietude of the other; with the perfect extinction of the power of utterance which she displayed, and the lifeless manner in which her limbs sank under her, and her body swayed over the nurse's arm. But notwithstanding the violence of the movements in the former case, the muscular action was entirely wanting in the character of true convulsion; there was none of the rigid and powerful contraction which marks that state, and the contractions, though so violent and incessant, were painless. Perhaps, if one might draw an analogy from electrical science, the difference may be described as between exalted tension of the nervous force in convulsion, and increased quantity in the case under consideration.

Dr. Russell thought the former case remarkable, not only for its severity, but also for recovery to have taken place after so long continuance of urgent symptoms (ten or eleven days). He had had an opportunity of watching three similar cases, all of them in girls between fourteen and sixteen years of age; one only recovered, and in her the severe symptoms lasted only three days. In the other two, both fatal—in one of which the muscular action assumed a true convulsive character—the duration of urgent symptoms was eleven days. One of these cases was further remarkable from the circumstance that the attack of chorea, which was clearly traceable to a terrible fright six months before, set in almost with the suddenness and violence of a fit of epilepsy, a disease which is sometimes produced in the same manner. As in our patient, mania was present in both the fatal cases, but in a higher degree.

The manner in which the disease lost its violent character in sleep was very remarkable. In the morning no amendment appeared to have been effected. At noon the patient fell asleep, and, after a sleep of eighteen or twenty hours, awoke, free from all serious symptoms. The very partial benefit procured by repeated full opiates was very striking, nor did the influence of chloroform extend beyond the time of its being inhaled, although during that period the benefit it conferred was so marked; unless, indeed, the third inhalation was instrumental in procuring the final and curative sleep which followed its employment in four or five hours.

ST. GEORGE'S HOSPITAL.

BURN BY THE RAYS OF THE SUN.

Under the care of E. CUTLER, Esq.

A LITTLE boy, aged 10, was admitted into this hospital on July 12th, severely scorched by the intense heat of the sun on that day. It appeared that he had been bathing, and, not having a towel, had amused himself by coming out of the water occasionally to bask in the sun, and then plunging in again. He had done this twice without feeling the worse for it; but the third time he went into the water, he felt a stinging, burning sensation, over the whole of his body, which soon amounted to intense pain.

On being admitted, there was found what the French call "a burn of the first degree", or a scorched state of the integument over the whole of the back from the shoulders to the buttocks; and on the left shoulder a large bulla beneath the cuticle. The pain was great, and there was much tenderness to the touch.

He was treated by the application of rags, wetted with Goulard water, over the whole of the scorched parts; and when last seen (July 15th), was rapidly recovering, the redness beginning to fade, and the parts becoming less tender. There were no constitutional symptoms, and there can be little doubt of his speedy recovery.

REMARKS. The rarity of this accident, especially in this country, has been our motive for recording this case. It is probable that the skin was further irritated by being plunged into cold water immediately after having been exposed to the unusual heat of the sun. It is an accident which we never had the opportunity of seeing before; but Dupuytren, in his treatise on Burns, in the *Leçons Orales*, mentions the solar heat as being occasionally the cause of severe burns, especially in tropical countries. "Many cases", he says, "are reported of persons who, having fallen asleep in the open air, have had various parts of the body burnt by the heat of the sun. In these cases, violent inflammation occurred, promptly followed by gangrene; and they died on the fourth or fifth day." He does not, however, give any reference to the cases which he has in mind.

Original Communications.

IMPERFORATE HYMEN: FATAL RESULT AFTER ITS DIVISION.

By THOMAS PAGET, Esq., Leicester.

PROFESSOR SIMPSON'S excellent lectures upon this subject, published in the *Medical Times and Gazette* of March 19th and 26th, omit to notice the facts that after division of the occluding membrane, even under the brightest prospect, death has ensued; and that dissection has shown that it resulted from the escape of treacly fluid into the peritoneal cavity through an opening in the Fallopian or ovarian sac.

The omission may have arisen from a judicious wish of the Professor to avoid overloading an elementary lecture, or it may have had its foundation in a want of perfect reliance upon the only recorded case of the kind, that of De Haen, noticed in Samuel Cooper's *Surgical Dictionary*, and by Jones and Sieveking.

As the latter of the two causes is a not improbable one of silence on the point; and as one of the only two of these rare cases for operation that have fallen to my lot was followed by the above named result, so distressing to the operator and horrifying to the patient's friends, it seems my duty to add my mite of credit to the narrative of De Haen, by asking you to give from my notes the following report of the cases.

CASE I. 1852. Miss M. W., in her eighteenth year, of fully developed figure and well nourished, but rather pallid, as are her family in general, had had no catamenial discharges, though for the last year or more she had suffered a monthly illness, with such pains as led Mrs. W. to expect a flow. Of late the abdomen had shewn enlargement, which suggested the suspicion that an occluded vagina was the cause of the patient's troubles. On examination the abdomen was found enlarged

by fluid at its lower part, while the upper yielded the usual sound on percussion. The enlargement bulged slightly in each iliac region, and fluctuation was felt as high as the umbilicus. The slightest separation of the labia vulvæ discovered a red tumour, also fluctuating. It was formed of a membrane, an extension, in fact, of the hymen along each side of the vagina to the meatus urinarius, which was considerably elongated by stretching; the membrane being pushed by fluid behind it into a convex form, so as almost to protrude between the labia. The vagina was effectually occluded.

October 14th. Previously to division of the membrane, the catheter was used, and about two tablespoonfuls of urine were withdrawn. A small trocar being then introduced with some difficulty, owing to the thickness and toughness of the membrane, a very dark fluid of syrupy consistence issued; and, the trocar being withdrawn, a common curved bistory pierced the membrane at its posterior part. Its point was made to pass out near to the meatus urinarius, and the intervening length, one inch and a half to two inches, was divided at one stroke. The membrane, at least a line thick, and elastic, gave a snapping sound at the moment of its division, and three or four pints of the fluid gushed in a broad stream across the wash-hand basin, and beyond the bed. A broad strip of lint was inserted through the lips of the wound, a short distance into the vagina.

October 16th. She was free from all complaint. The patient wondered that she was still to keep her bed. A good deal of the dark fluid issued on moving. A very slight tenderness was felt on pressing at the left iliac region, not more than might be well accounted for by the change to collapse of the peritoneum and other parts, lately so much distended.

October 17th. The tenderness was gone. Some castor oil, taken yesterday, not having acted, she took this morning a pill of calomel and colocynth, followed by small doses of an aperient mixture every two hours; and, these failing, had an enema in the evening. After free action of the bowels, I was sent for at night, and found her under the symptoms of violent peritonitis.

October 19th. Leeches, fomentation, blister, and opium, had failed to relieve my patient; and she died this afternoon, about forty hours after the onset of peritonitis.

The after treatment of the operation had been the injection of tepid water, and the introduction of a tent of compressed sponge.

October 21st. *Post mortem* examination, made about forty-eight hours after death, with the assistance of my friend Mr. Macaulay, whose are the following notes:—

Externally, the body was well developed, the abdomen was slightly distended. Internally, on laying open the abdominal cavity, the peritoneum was found inflamed and thickened. Large patches of fibrine, the result of recent inflammation, were adherent to the convolutions of the bowels. On turning down the lower flaps of the abdominal parietes, a quantity of dark fluid, the same as that discharged from the vagina, gushed out from the pelvic cavity. This fluid was removed in considerable quantity, probably a pint and a half. After clearing it away, the uterus was found much enlarged, flattened, and firm, of about three times the size of a virgin organ. The Fallopian tubes and ovaries, on both sides, were enormously enlarged, capable of holding about a pint of fluid each. Both of these ovarian tumours had ulcerated openings with ragged edges, through which the contained fluid had passed into the abdominal cavity. The peritoneal surface of the bowels was generally in a state of inflammation, especially those portions in and near the pelvis. The vagina was carefully examined. The incision made for the discharge of the fluid was found sufficiently large to admit the finger into the passage, which appeared lax from recent distension. The finger also passed easily into the cavity of the womb, the cervix being undistinguishable, apparently obliterated by long continued distension by the retained fluid.

Case II. 1859. E., also in her eighteenth year, fully developed, well nourished, even florid, had had monthly ailment without discharge, and gradual increase of size. A thick, fleshy septum extended, as in the last case, from the internal commissure of the vagina to the meatus urinarius. It fluctuated with fluid behind it, and elongated the meatus. The only differences between the two cases were, first, that in the present one retention of urine had required Mr. Denton, to whom I am indebted for introduction to the case, to use the catheter on several occasions, probably when recent effusion had increased the elongation of the urethral aperture; and secondly, that here the abdominal enlargement did not extend to its left side, which was free from fulness, flaccid, and resonant on percussion. Perhaps the not very rare congenital defect of absence of an ovary obtained in this case.

January 9th. After introducing the catheter, a free opening was made exactly in the same way as in the last case, and nearly three pints of the same kind of fluid, with flakes of mucus, gushed forth. Lint was inserted as before.

January 10th. On separating the labia, a small quantity of blood-red discharge escaped, and a coagulum about the size of a horse-bean.

January 16th. For the last three days there had been highly purulent discharge; about an ounce was shewn as having passed yesterday, and two drachms this morning.

February 2nd. The discharge was now only sero-purulent, and catamenia were reported as having been present for a day.

March 18th. Her sister called to report full catamenia, finished about a week ago.

May 23rd. She was in good health; the catamenia were normal. A ring of the fleshy membrane remained. It was firm, but readily admitted the finger, and seemed dilatable enough not to interfere with future function of the vaginal tube.

Remarks. From these cases we derive fact and speculation bearing importantly upon the organs involved. Upon their physiology; for the distended state of the ovaries as well as Fallopian tubes, points to and confirms the catamenial function of the former. Upon their practical surgery; for the possibility of laceration or ulceration occurring, even after the removal of distension, must ever be kept in view when proposing to operate, and tempted to expect a happy result.

The pathology also of unsuccessful cases is illustrated; for the occurrence of peritonitis, named by Dr. Simpson, Jones, and Sieveking, and others, receives its explanation; while speculation is still afloat to explain in what way the openings in the ovario-Fallopian bag are effected, whether by ulceration or laceration. In the present case, a distinction between the ovary and tube was not made out, and the openings certainly had the appearance of being "ulcerated;" but the "ragged edges" scarcely certified the fact; and the non-appearance of blood cannot, perhaps, be held conclusive against the possibility of laceration. That either ulceration or laceration should occur after removal of the tension seems a mystery; yet the suddenness and violence of the peritonitis and death, as well as the appearances on dissection, proclaim the mystery to be a fact. In a successful case of this operation, narrated by Dr. Upshur, of Norfolk, U. S., and reported in Ranking's *Abstract*, vol. xviii, p. 222, it is stated that the flow of fluid was accompanied by "regular uterine contractions, which continued for twelve hours;" but the exit for the fluid being free, it is difficult to conceive that these contractions are the means of bursting or ulceration in parts more internal.

A case of this operation is given in the *Provincial Medical Journal* of December 10th, 1845. It occurred in the practice of Mr. Derington of this town, and is reported by Dr. Barclay. It was successful, and the only bearing it has upon the present paper is somewhat to contradict the rarity of the malformation. This, however, is admitted by all who have written upon the subject, and is established, one is entitled to say, by the fact that Rokitansky gives but a mere intimation of its existence, and that Fergusson's judicious and full treatise on *Operative Surgery* names not the means of its removal.

I have to hope that no one will confound occlusion by this hypertrophied hymen with the more common union of the labia themselves by a mere webbing of cuticle, frequently seen in newly born infants and young girls, which I have only once found to remain so late as seventeen; and which is removable by tearing with a probe, without the loss of even a drop of blood.

ON UNUNITED FRACTURE.

By W. J. Moore, Esq., H.M. Indian Medical Service, Bombay Establishment; formerly Senior Resident Surgeon at the Queen's Hospital, Birmingham.

[*Concluded from page 520.*]

The continued use of long acupuncture needles, is, I think, a method of greater efficacy than any of those yet named.

M. Rayer pointed out that, when he excited irritation in the fibro-cartilage of the ear of a rabbit, the part was first softened, a yellow matter was next deposited in its texture, and finally, true ossification produced. M. Cruveilhier, likewise, observed different portions of periosteum, ligament, or cartilage, pass into ossiform state under the influence of stimulus. Miller, therefore, applied this knowledge, and the principle of subcutaneous sec-

tion to the treatment of false joints; he proposed that a strong needle, having been passed obliquely down to the part, should have its edges (cutting) freely moved about in all directions, so as to destroy the bond of union and investment of the ends of the bones.

I have not found it necessary to have the needles made with cutting edges, and I have also to state they require to be introduced many days in succession. During the whole period the limb must be kept immovable in some kind of apparatus, which, without exercising undue pressure, is well adapted for the purpose required. The needles should vary in length according to the limb, be round in shape, and as thin as is compatible with strength. They should be introduced daily from several points to the seat of fracture, and in performing this operation a rotatory movement should be employed. They should be moved slightly on the ends of the bones, and it has seemed in some cases to facilitate the cure by causing a mild galvanic current to pass through the limb, *viâ* the needles, for a considerable time daily. The introduction of the needles is not attended with much pain, and from their small calibre they will not be likely to injure arteries or nerves. By this means the connecting matter of the false joint is brought into a state of vascular excitement; the proper condition for the formation of bone. A very slight amount of pain, or throbbing, is greatly felt about the time union commences.

This procedure, combined with appropriate constitutional treatment, will, I think, be found adapted for the cure of most cases of recent non-union; but it must be continued sufficiently long, and the parts be kept firmly *in situ* during the whole period.

M. Lenoir (*Mémoires de la Société de Chirurgie de Paris*, 1851), of Paris, has also used acupuncture needles for the cure of ununited fracture successfully; but he introduced five between the bones, and left them some days, until they produced inflammatory action.

Dr. Brainard (*Chicago Medical Journal*, January 1859) has lately reported, in the *Chicago Medical Journal*, fourteen cases of cure by the use of a kind of needle; but his method differs very essentially from the one described above. He thus describes his proceedure:—"My practice is, at present, to commence the treatment by two or three perforations of bone, through a single opening of the skin, using an instrument of small size, and repeating the operation every ten days or two weeks." "In cases of non-union of the tibia, radius, or ulna, when the ends are in contact and the movement slight, I use a perforator no more than two or three *millimètres* in breadth; in other cases, an instrument an inch and over in breadth."

Lest I should be thought to have given this paper an unnecessary length, I shall quote the opinion of two eminent surgeons on these cases. The one writes:—"I cannot say there is great encouragement for the performance of any operation for ununited fracture, and I think a comparison of the results of numerous cases will confirm this opinion." The other says: "There is indeed so much doubt as to the result of any known treatment for the cure of false joints, that the surgeon gives ready attention to any proposal which shall hold out a prospect of a satisfactory result."

I shall now proceed to detail briefly the cases to which I have referred.

CASE I. S. B., a young woman of 32, came under my care in May 1850, as an out-patient of the Queen's Hospital, having an ununited fracture of the left radius and ulna, rather below the junction of the upper and middle thirds. The accident producing the injury happened some four months previously, and the arm had been treated by an ignorant bone-setter, at that time resident in the mining districts of South Staffordshire. The broken ends were found quite movable on each other, so as to rival the wrist-joint in extent of motion. The limb was free from pain, but quite useless for any kind of even slight employment. Rubbing the ends together was first tried, followed by a careful adjustment and retention by splints; but at the end of three weeks no appreciable difference existed. The needles were then introduced (three in number) daily for nearly three weeks, the limb being kept motionless in gutta percha moulding. At the end of that period, there was evident consolidation commencing. The use of the needles was continued every other day for upwards of another week, and at the end of two months after first using them, I was enabled to place the arm in soap plaster, and allow her to commence using the hand. The consolidation in this case eventually became perfect.

CASE II. E. J., rather a scrofulous looking lad, about 15 years old, was brought to the Queen's Hospital, July 1850, for the purpose of having his arm examined. I found an ununited fracture about the centre of the radius. It appeared he received an injury some months before, which had been considered a sprain, and his parents now sought advice for what they thought weakness of the arm. The needles were used in this case every, or every other, day for nearly a month, and I had the satisfaction, in double that time, of allowing him to use his arm, perfectly united. I should add, that he took cod-liver oil during the latter part of the treatment.

CASE III. J. P., a strong looking labouring man, came under my treatment for fracture of the metacarpal bone of the middle finger. The usual plan of a ball of lint in the palm was adopted; but on the seventh day, under the influence of liquor, the hand was used in a pugilistic encounter. He then had an attack of *delirium e potu*, and when I again saw him no union had taken place. It was again bandaged up and allowed to remain at rest some weeks; but as the desired result was not obtained I introduced the needles, and succeeded in effecting a perfect cure.

CASE IV. M. W., a woman about 50, had the misfortune to break her humerus, and, without any assignable cause, the bone refused to unite. In this condition, she applied at the hospital in March 1851; and, as I had reason to know the arm had been well treated by retentive apparatus, I proceeded to introduce the needles. In three weeks the parts began to consolidate; but she met with another accident about this time which delayed the process. Eventually, by perseverance with the needles, aided by galvanism, for some twenty days longer, she regained the full use of the arm.

CASE V. During the early part of 1852, I had a man under care who could not raise the arm, owing to a long ligamentous union, consequent on fractured acromion. I carefully introduced the needles from time to time, until, apparently, ossific union resulted, the parts being kept bandaged during the period. After the treatment, the man could raise his arm nearly as well as that of the opposite side.

CASE VI. J. P., a coloured man, was in the accident ward of the Queen's Hospital during the spring and summer of 1851. He was admitted with a fractured thigh, which I reduced, using the straight splint and perinæal band. Chiefly owing to the man's restlessness and impatience of restraint, it was some time longer than the average before union began to take place. When this did commence, the dresser who had charge of the case, by some unlucky accident, allowed the leg to fall on the bed, and fractured the thigh apart. Much difficulty was again experienced in procuring union, which, however, was at last brought about by the use of the needles, which I introduced daily for some weeks.

While progressing in this satisfactory manner he imprudently took undue advantage of his condition, and essayed to walk round the ward. As might be expected, the newly ossified part again gave way, and from this time (partly owing, perhaps, to the man's health having suffered from so long a residence in hospital; but chiefly from his restlessness and continued experimentalising) all endeavours failed in procuring union. He was treated with seton, and, eventually, Mr. Knowles amputated the thigh.

CASE VII. In July 1856, being in medical charge of the *Punjaub*, a large steam frigate belonging to the Indian Navy, I. E., able seaman, came under my care for an ununited fracture of the forearm. The patient was a strong, healthy, young man, of 23, and met with his injury while steering ship in a gale off the Cape of Good Hope. No surgeon being on board, the nature of the injury remained undetected; and after a very short period of rest the master of the vessel, under the idea the man was skulking, forced him to return to duty. He rested his arm as much as possible, and having a quarter-master's rating, was enabled to do this, to a considerable extent, during the remainder of the voyage. When, four months afterwards, he came under my care, I found there was want of union of both radius and ulna; but the mobility of the fragments of the latter bone was much greater than the former. Rubbing the ends of the bones together, and careful application of splints, was first tried; but these means not succeeding, I used the needles. Dr. W. Williams, of the Bombay Medical Service, was kind enough to aid me in the treatment of this case, and we had the satisfaction of making his arm, as he expressed it, "stronger than ever it was." The fact that he regained full power over the limb, I had frequent opportunities of observing, having seen him pulling the oar and working the gun tackle with great zeal during the Persian war, which happened immediately afterwards.

THE FORMATION OF CLOTS IN THE VENOUS SYSTEM DURING LIFE.

(A THESIS FOR A MEDICAL ACT IN THE UNIVERSITY OF CAMBRIDGE.)

By GEORGE MURRAY HUMPHRY, M.D., F.R.S.,
Surgeon to Addenbrooke's Hospital; Lecturer on Surgery and Anatomy.

I.—FORMATION OF CLOTS IN THE VEINS.

THE obstruction of the veins, by clots forming in their interior, has, of late years, been the subject of investigation by several pathologists, who have pointed out clearly the conditions under which it most frequently occurs, and the changes which take place in consequence. Still, doubts appear to exist respecting the causes of the phenomenon, and the starting point of the mischief; and, though the affection is one of very frequent occurrence, and may usually be diagnosed with facility, it certainly has not attracted the attention of practical men so much as it deserves. Very commonly it is suffered to pass unnoticed during life; and, after death, the vessels concerned are seldom examined to a sufficient extent, and with sufficient care to enable the observer to form a correct opinion upon the matter.

CASE I. My own attention was first particularly directed to this disease in 1843, by its occurrence in a member of our own profession, a tall, thin, delicate person, who, when just beginning to recover from an attack of pleurisy on the right side, by which he had been much prostrated, experienced an uneasiness and stiffness in the left groin and side of the pelvis. For a day or two he did not pay much attention to the symptom, thinking he had probably strained himself by lying in some awkward position, though there was no ground for such an idea. Soon, however, the uneasiness extended down the thigh into the ham, in the direction of the great vessels, and was accompanied by tenderness in the same situation, with swelling on the inner side of the thigh, and enlargement of the superficial veins. It was consequently inferred that there was some affection of the femoral and popliteal veins; and this was rendered quite clear by the extension of the disease to the posterior tibial and the lesser saphena veins; the latter of which formed a firm tender cord under the skin. The whole limb also became œdematous. A few leeches were placed over the femoral vein; but it was remarked that very little blood flowed from their bites. Poultices and fomentations were applied to the limb. Gradually the affection subsided, and the limb was restored to its natural condition. When the patient had so far recovered from these attacks as to be able to sit in a chair, he used to wheel himself about the room by means of the right leg, and in this way may have strained the part in some slight degree. At any rate, he began to perceive sensations in the right ham, which excited suspicions of the commencement of an affection in it, corresponding with that which had just subsided in the opposite extremity. These suspicions were very soon verified by the implication of the lesser saphena vein, and by the gradual extension of the uneasiness and tenderness up the thigh, in the course of the femoral vein, as far as the junction of the saphena major. There was also swelling of the limb. A few leeches were applied; but again very little blood flowed from the bites, in spite of diligent fomentation. The symptoms gradually subsided; and the patient quite recovered. Some œdema of the limbs remained for several months. This entirely disappeared in course of time; the superficial veins resumed their former dimensions; and there was every reason to suppose that the current was reestablished through the deep veins. It is worthy of remark that the same patient exhibited symptoms of similar disturbance in the popliteal and femoral veins after each of two subsequent illnesses; viz.: after an attack of typhoid fever in 1846, and of pleurisy on the left side in 1851, On the latter occasion, the upper part of the posterior tibial vein and the lesser saphena in the left limb, were involved, as well as the popliteal and femoral. The symptoms were slighter and of shorter duration than in the first attack, and were not followed by any evidences of permanent obstruction to the circulation, or impairment of the limbs.

The following cases occurred soon afterwards.

CASE II. A man, aged 30, not much emaciated, died of phthisis with bronchitis and much prostration. Œdema of the right leg and thigh, with mottled blue and white patches on the skin, like those resulting from ecchymosis, had existed for some days; but had not attracted much attention. The external and internal iliac veins, and part of the common iliac, as well as the femoral, profunda, and saphena major, were distended with coagula, of a dark colour, irregularly intermixed with lighter fibrinous portions, which gave them a mottled aspect. Near the junction of the saphena, the clot was of more uniform colour, presenting the appearance of reddish, soft, dirty lymph, or fibrine, and was adherent to the inner coat of the vein. The latter had lost its polish, was rather soft, and admitted of being peeled off from the outer tunics of the vessel. The cellular tissue immediately surrounding the vein was, especially near the saphena, infiltrated with serum and lymph. The clot terminated abruptly in a thick rounded end, about an inch below the junction of the left common iliac vein.

CASE III. A pale anæmic girl, aged 19, was in the hospital on account of excessive debility, and was being dressed by her friends for the purpose of removing her, without regard to the warning which had been given of the danger of such a proceeding, when she fell, fainting, and quickly died. She had been observed, during her stay in the hospital, to lie with the right arm hanging out of bed, and with her head inclined towards the right shoulder; not because she was in pain, but she preferred that position, and could not tell why. In the last few days the arm had swollen. We found the internal organs bloodless, but healthy, with the exception of slight emphysema of the lung. The right innominate, subclavian, and internal jugular veins, were obstructed and distended by a large clot, which, in the innominate vein, was of light or buff colour, scarcely tinged with red, and firm. It was adherent to the coats of the vessel, though easily separated from them; and the internal surface of the vein had lost its polish. In the jugular vein, the interior of the clot was softened to about the consistence of cream, and looked like a mixture of blood and pus. This semifluid portion of the clot was, on all sides, surrounded, and separated from the coats of the vein by a layer of firmer coagulum, which stretched, but was only very loosely adherent to, the vein. The coats of the several veins were natural; but the tissue on their exterior was indurated and infiltrated by serum and lymph,

CASE IV. In a man, aged 45, who died of phthisis, the right upper extremity having, for some days, been œdematous, and the superficial veins of the arm and shoulder distended, we found the subclavian vein, near its junction with the internal jugular, blocked up by a tough brown clot, which was adherent to the interior of the vein. The latter presented no unnatural appearance, except a loss of polish. There was some induration of the tissues on the exterior of the vein. The rest of the subclavian vein, the axillary and the internal jugular, were distended with dark clots; but were in other respects natural. The internal jugular was free. There were large, dark, soft clots in the heart; also evidences of recent pleurisy on the right side; and numerous tubercles, and recently formed cavities, in the lungs.

I have met with many similar cases; but it is needless to detail them, because they presented no great differences from those just given, and from others which are to be found in various writings since the time of Morgagni. In some, the deep veins of the calf only were implicated; their condition being evidenced by swelling of the limb, with uneasiness and tenderness in the course of the posterior tibial vessels, and an enlarged, firm, and tender state of the saphena minor. This has occurred lately in two cases, in which I had laid open the tunica vaginalis testis, for the purpose of inducing suppurative inflammation in that membrane. Both the patients were young subjects; one of them was in a debilitated state. In both of them the affection was on the side opposite to that on which the operation had been performed, and subsided spontaneously.

In all the cases that I have seen, with the exception of one of the two just mentioned, the patients have been in a feeble state, most of them having been previously reduced by some other disease. The most frequent causes of the accompanying debility, were: some chronic disease, such as phthisis, or a discharging abscess; old age; low fever; or an acute inflammatory affection, more particularly of the serous membranes or of the lungs. In no instance has the condition of the veins appeared to be the cause of death, either directly or indirectly; though in many cases the patients died of the diseases which preceded that condition, and the state of the blood which was induced appeared in some to accelerate the fatal result. It is, moreover, a very important fact that in no case, which has occurred within my observation or reading, has this affection been productive of any of those alarming and much to be dreaded symptoms, which attend occasionally upon traumatic

inflammation of the veins, and occur under other circumstances, and which are supposed to depend upon the admixture of purulent, or other morbid fluids, with the circulating blood. In some instances, as in that first related, the affection is attended with uneasiness, or pain, in the early stages. More commonly, it comes on insidiously and does not attract attention till the swelling of the limb is observed, when some tenderness in the course of the vein may generally be found. Not unfrequently, we are called upon to treat an œdematous state of one of the lower extremities, which commenced during an attack of fever, or some other illness, and which may be traced to an obstruction of the vein that had escaped notice. In several cases the first suspicion of any obstruction to the circulation has been excited by the observation, after death, that one of the limbs was swollen; this has led to an examination of the veins, and to the discovery in them of clots, which must have existed many days.

The circumstances under which the disease occurs, and the fact that it often affects several parts of the circulatory system at the same time, or consecutively, in the same person, are quite in accordance with the supposition that it depends, primarily, not upon a morbid condition of the vessels; but upon a preternatural tendency to coagulation in the fibrine; and this view derives confirmation from several of the following phenomena, which may be observed in the origin and progress of the malady.

Thus, the obstruction most frequently commences in the parts of the venous system which are most favourable to the coagulation of the blood; viz., in the great veins, particularly those of the lower extremities, where the current is more feeble than in other regions. The points of selection in the lower limbs are: first, at or near the junction of two large veins, as the external and internal iliacs, the superficial and deep femorals, the anterior and posterior tibials; the projecting angles between the confluent trunks, furnishing favourable spots for the settling of the blood: secondly, in the neighbourhood of the valves. These present loose, free edges, to which the fibrine may readily adhere; and they also have the effect of shutting off from the circulating current the small quantity of blood which lies above them, included in the retiring angle, between the upper surfaces of the valves and the adjacent wall of the vein. The blood so situated must be almost at rest when the circulation is feeble and the limbs are kept quiet, because the valves will be then only partially opened, and, being at rest, it has a favourable opportunity to coagulate and become the nucleus of a larger clot. That this is no imaginary cause is proved by a case in which I found small dry clots lying above—that is, under shelter of—the valves of the femoral vein; the remainder of the vein being free from clots, or nearly so. However, the veins just above the valves often present slight bulgings, or dilatations. Their walls are here a little thicker than at other parts, and they exhibit a faintly reticulated appearance upon the internal surface.*

It is to be remarked, that the valves are more numerous in the lower limbs than in the upper, and in the deep veins than in the superficial.† They are also often placed in the main veins near the points of junction of large branches; so that a number of causes combine to facilitate the coagulation of the blood in these situations.

Thirdly, the formation of the clot often begins in the popliteal vein. This has relation, not merely to the fact that the trunks of the anterior and posterior tibial veins, and the saphena minor are here united, but also to the fact that the internal surface of the popliteal vein is often remarkably uneven, presenting quite a reticulated appearance from the interlacement of opaque strengthening bands which form projections in the interior.

In the upper part of the body, the clots form most frequently at, or near, the junction of the jugular and subclavian veins, where there are always large valves, and in the cerebral sinuses.‡ In the latter the peculiar construction of their walls prevents much variation in their calibre (see my *Treatise on Human Skeleton*, p. 200), so that there must be considerable variations in the rate at which the blood traverses them; and they present, at the points of junction of the branches, many and marked projecting angles favourable to the settling of the fibrine.

The clots form not unfrequently in the venous plexuses around the prostate,* and in the hæmorrhoidal veins.

It appears that, as a general rule, the formation of the clot commences on the outside, that is near to the coats of the vein, where the current must be somewhat slower than in the axis of the tube; and the first stage in the process is the settling of a patch or layer of fibrine upon the inner surface of the vein. This is increased by the addition of successive layers upon the interior, whereby the channel for the blood is diminished. Soon the tube is completely obstructed; this result being commonly accelerated, more or less, by the clotting of the blood, in addition to the settling of the fibrine. The two processes,—fibrinous deposit and blood-clotting,—which differ, probably, only in the circumstance that the greater rapidity of the latter causes the entanglement of the red globules with the fibrine, go on somewhat irregularly, whence the mottled appearance of the coagula; but, as a general rule, the clots are firmer and more fibrinous near the exterior, softer and darker in the middle. In a young woman, who died of fever, with peritonitis, excited by approaching perforation of the ilium, we were led to examine the veins by observing some œdema about the left ankle, and found the external and internal iliacs, at and near their junction, on both sides, occupied by coagula, which, on the left side, extended down below the popliteal vein, and, on the right, terminated in an ordinary clot at Poupart's ligaments. Sections of these clots showed them to consist of laminated fibrinous tubes, moderately firm, and enclosing central cylinders of dark soft blood. The thickness of the fibrinous tubes varied. In some places, more particularly near the junction of the iliacs, where we judged the affection had commenced, it was so great as to leave little space for the dark central portion of the clot. In other parts, the fibrinous layer was thin; and in one place it was separated from the internal surface of the vein by a layer of soft dark clotted blood, resembling an ordinary recently formed coagulum in consistence and appearance. This was probably formed from blood, which had insinuated itself between the clot and the vessel, and had coagulated shortly before, or possibly after, death. A transverse section of one of these clots showed very clearly the central dark soft coagulum surrounded by a circle, or tube, of laminated fibrine, which again was enclosed by a more recent dark external layer.

The exterior of the clot is usually smooth, sometimes having quite a polished appearance, except at the points where it has become adherent to the sides of the vein. These adhesions are not usually very extensive; they are most commonly found where the clot began to form, and vary in their firmness with the period of their duration. The smooth character of the external surface of the clot is important, inasmuch as it rather militates against the view so much advocated by Virchow and some other pathologists, that portions of the clot are very liable to be detached, and to be carried along in the blood-current, till they cause obstruction and give rise to secondary coagula in distant vessels.†

[*To be continued.*]

THE INHALATION OF CHLOROFORM IS ALWAYS ATTENDED WITH DANGER.

(ABSTRACT OF THESIS FOR AN ACT KEPT IN THE UNIVERSITY OF CAMBRIDGE FOR THE DEGREE OF M.D., JUNE 17TH, 1859.)

By R. MARTIN, M.L., Assistant-Physician to St. Bartholomew's Hospital, and Warden of the College.

THE danger in the administration of chloroform arises, *first*, from the fact that it is impossible to produce its sufficient effect upon those parts of the nervous system which minister to sensation and volition, so as entirely to suspend their functions, without producing some effect upon the centres which minister to the organic functions; and there must always be a

* In a man, aged 76, who died of senile gangrene, I found a reddish brown clot, which was evidently of many days standing, closely adherent to the valves of the femoral vein, near the junction of the profunda. The rest of the veins, in both lower extremities, were healthy, and contained no peculiar clots.

† I have found the distances at which the valves are placed in the superficial veins of the lower limbs to be about equal to those at which they are placed in the deep veins of the upper limbs.

‡ They were found by Virchow, *Froriep's Notizen*, xxxvii, 30, in the cerebral sinuses, in 6 cases out of 18.

* In a man, aged 67, who died with sloughing of the nates, after fracture of the thigh, I found several short thick firm clots, with stunted branches, in the veins near the prostate. They were smooth, quite unadherent, and tumbled out from the divided vessels. A section of each showed a central cavity containing red fluid, surrounded by a wall composed of tough, laminated, reddish or mottled fibrine. The fluid exhibited red corpuscles and a great number of pale nucleated cells.

† Mr. Hewett, *Medico-Chirurgical Transactions*, xxviii, 74, found the clot in one case "enveloped in a perfectly distinct, transparent, smooth, polished membrane, presenting the appearances of serous tissue, with arborescent vessels in its structure."

risk that the amount of that effect may be incompatible with life. That an influence is exerted upon the medulla oblongata, is proved by the paralysis of the muscles supplied by the facial nerve, and by the suspension of the functions of the glosso-pharyngeal and the motor part of the pneumogastric; and we cannot but suppose that the influence will sometimes reach the nerves connecting the same centre with the respiratory and circulatory organs. Analogy renders it probable that the sympathetic system is not exempt from the influence of the vapour; and the impaired action of the iris may be regarded as an evidence in favour of the supposition. *Secondly*. The danger arises from the idiosyncrasy of the patient rendering the organs of animal life, and the nervous centres which preside over them, peculiarly susceptible to the influence of the vapour. That such peculiar susceptibilities exist with regard to chloroform, is only reasonable to infer from our observation of the varying effects of other agencies upon different individuals; and, at present, we are unable to predicate with any certainty respecting them. *Thirdly*. Our knowledge of the subject of diffusion of gases does not enable us to regulate with precision the amount of chloroform inhaled.

Death may result from the immediate action of the blood, which is surcharged with the vapour, upon the muscular tissue or ganglia of the heart; this has been proved by experiments upon animals: secondly, from its effect upon the great nervous centres which minister to the organic functions: thirdly, from a cause not hitherto especially pointed out—viz., the impression made by the vapour upon the branches of the sympathetic and the vagus ramifying on the lining membrane of the air-passages, and communicated by them to the nerves of the heart; just as a blow upon the epigastrium, or severe shocks to the nervous centres, cause sudden cessation of the heart's action.

When death has occurred suddenly during the administration of chloroform, it has, in several instances, taken place just after a fresh supply of the fluid has been added to the inhaler or the cloth. This was noted in one of the most recent cases; and the patient had also just screamed. By the effort of screaming, the air and blood had been expressed from the cavity of the chest; and then, a fresh supply of chloroform being used, and a large quantity of vapour inhaled, the fatal result ensued. When death has occurred more slowly, or after a more or less protracted interval, there has been commonly some predisposing cause; the patient being greatly reduced by some previous disease, and the important organs being, consequently, unable to withstand the depressing influence of the chloroform; or there was an enfeebled or morbid condition of the respiratory or circulatory organs. Hæmorrhage during the operation, by causing an accelerated absorption of chloroform, or by causing an absorption of extravascular fluids in the lungs and other parts which had become charged with chloroform, might increase the danger. Moreover, the "shock" of the operation must not be forgotten. Since the introduction of chloroform, we have heard little mention of this; but we must not suppose that it results entirely from pain, and that, when pain is prevented, "shock" is annulled. Doubtless, the division and damage of the tissues caused by an operation must still produce their effects upon the system; and that effect is more likely to be pernicious when the powers of the great organs are depressed by the influence of chloroform.

Having stated his conviction that a certain amount of danger does, and probably always will, attend upon the administration of chloroform, the author was anxious to guard against the supposition that he is averse to its use. When first introduced, it was advocated by many as being entirely devoid of danger; and much prejudice was excited against those who looked more doubtfully upon it. Experience soon proved that the complete assurance of its innocency was unfounded. From time to time fatal cases had been recorded; and the result had been a reactionary feeling in the mind of many persons, leading them to express the opinion that so dangerous an agent ought not to be employed. With that view he by no means agreed. He merely wished to express the reasons which induced him to think that, even in the most careful hands, it was attended with some danger; but he does not consider the danger sufficient to counterbalance the great benefits derived from it. Though no complete security could be found, the best guarantee of safety was to be obtained by such cautious administration of the chloroform as may prevent the air and the blood in the lungs from being surcharged with the vapour, and by a jealous watching of the patient while he is being subjected to its influence.

Transactions of Branches.

READING BRANCH.

PRESIDENT'S ADDRESS.

By JOHN MCINTYRE, M.D., Odiham.

[*Delivered July 13th, 1859.*]

GENTLEMEN,—I thank you very much for the honour you have done me in choosing me as your President for the coming year. To discharge the duties of the office may not be considered, under ordinary circumstances, a very arduous task; but to me they are beset with difficulties, that I am little likely satisfactorily to overcome. Had I been the immediate successor of less distinguished individuals than those who have preceded me in office, I might have had less hesitation in addressing you, and a less sense of the responsibility that, at your bidding, I have perhaps incautiously assumed. Not on my own account, however, has this been most warmly felt, but lest the honour of the office, and the good name of the Association, should in any way be tarnished through the feeble administration of your new President. To hand down to my successor the good name with which the Association has in this chair been introduced to me, is my high ambition; the difficulty of accomplishing it, my present burthen. Yet I lean to the hope that I need not be discouraged, knowing as I do, that I have to deal with a liberal and enlightened membership, whose hearts are in their right places, and who, however great they may be, will, I trust, wash away my many imperfections in the flood of their attachment to the general weal.

But with all this, Gentlemen, my course is not clear. The grave question presents itself, What am I to say?

A more gifted spirit might lead you to lands of enchantment, or withdraw the veil that now hides them from your view. Physic, seated on her throne, arrayed in her richest drapery, with satellites around, and a teeming population, brimful of gratitude, and rejoicing in the blessings she is ever and anon from the treasury of her abundance dispensing amongst them, might there be descried; an air of beauty, of contentment, and of peace, be discovered resting sweetly o'er the scene, whilst the clash of interests, and the strife of tongues to which in this little world we are so much accustomed, might there be unknown; but such scenes, Gentlemen, are far beyond the flight of my pinion, if there my fancy or my judgment led.

The tenor of my life has been to deal with facts, not fancies—to clip imagination's wings, and cherish stern realities; to view the world as it is, the men and women in it simply actors; to try to solve the problem, how they act their parts, singly, or in company. To-day, my part seems this, to ask how fares it with you all? and what the prospects of our company? A company? Yes, and noble too, and knit together for no selfish end—but that, indeed, on which Heaven's God may smile—the cultivation and advancement of science, and the fostering of those cherished virtues that elevate and adorn our race.

True it is, that in some communities where the spirit and enterprise of the profession had before established societies for like purposes, the influence of the Association will scarcely be perceived. Amongst ourselves even, with our venerated "Pathological," in which such objects are most happily accomplished, its need was undiscerned. But in other circles, it is far otherwise; where its Branch meetings have afforded the only opportunity of drawing together individuals earnest in the pursuit of science; and who, without them, would have ever been estranged. We may, therefore, justly view its establishment as a boon to the profession,—the more so, when we see in it an organisation pervading in increasing measure the length and breadth of our community, and capable of wielding such an influence as even a political administration could feel.

I need scarcely remind you that since our last meeting new laws have issued for our government,—by some thought good, by more indifferent, but all say, in the right direction. Bills in full of our demands we gladly always hail, but not forthcoming, we willingly accept a small instalment. With *that* we have obtained, our company had much and long to do. It laboured long indeed, and very hard. Its throes came fast and were severe; and oft the words pronounced from influential lips fell cheeringly and gladly on its ears, "We are sure it soon will pass." As oft occurs, however, at an early stage of all hard births, the demon of miscalculation entered. Minds, masculine indeed they were, and strongly centred on the progress of the case, descried at length that something unforeseen

lay in the way of their success, and disproportion in the bill was found to be the grave obstruction. The yielding structures did their best, but no advance was made. The outlet of the Commons House, but newly built, was hard and stubborn; yet still, though changed it was, the cheering note was sounded in their ears, "We hope it soon will pass." Such cheer, however, lay in hope; for soon was heard in softened voice the gradually declining tone, "We fear it cannot pass." In testimony of such wisdom, the Bill stood still; till soon, with open mouth, the truth came out, "We are sure it cannot pass." Our body *done*, gave up the task, and wisely threw itself on extraneous aid. The forceps of invested rights were close at hand, were soon and skilfully applied, and the baby-Bill was born. Contused, distorted and curtailed, it but escaped with life; yet, presenting some family features, was not ignored.

I shall not detain you with a narrative, however condensed, of what we originally strove for. Such you all know. Suffice it to say, that what is now conveyed to us may be summed up in this:—that, if returns be true, we shall now know who are, and who are not, legally qualified to practise; that there are those practising medicine and surgery—no news, indeed—who hold no legal qualification, whilst the General Council repudiates the onus of their prosecution. The Bill gives the Council no control over aberrant legally qualified members of the profession, but leaves every one to follow the bent of his own inclination—native physic, or any of its pseudo-forms—such, in fact, as he may deem most conducive to quieting his conscience, or bursting his purse strings; it gives so-called pure physicians power to recover their fees in a court of law, if, like the London College, they will not repudiate so degrading an item; and it gives so-called general practitioners power to gain recompense for professional attendance without its hitherto degrading adjunct physic.

With such a Bill we must at present be content. If aught more is to be gained by legal intervention, which some vainly fancy, let us view the present Bill, not as a conclusive measure—not as a bench from whence judgment and no appeal can be given—but as a platform on which to rest, to renew our strength, and trim our wings for a further and a higher flight. Viewing it in this light, we shall not be idle in urging those whose ear or influence we can command to push on in the legislature the tide in our behalf; but we must never forget that the true battle field of our advancement must be contested by ourselves, not in the senate house indeed, but in every day life; and unless, shoulder to shoulder, we press on to victory, we cannot, we dare not, throw the ignominy of defeat upon the powers that be.

Our resources for the conflict are not new. They are now, as of old, independent of all Registration, or so-called Reform Bills. To gain the citadel of our desires, we must wield the weapons of our own armoury. We must be content, and justly too, to tread the good old paths, hallowed alike by reason and experience, to sit at Nature's feet, to watch her journeyings in the path of health, her wayward wanderings midst the mazes of disease; with watchful care to *note* her acts—to know and feel that one such act, before unseen, carefully and faithfully recorded, is worth one's life; and to ever feel that, without a strenuous pioneering effort in likely regions of discovery, we, as single actors, leave our part undone. Without such knowledge of diseased and healthy states, we never could, or ought, to hold our present place in social life, far less uplift it. On such a base, with therapeutic aid, our strongest bulwarks must be ever reared.

But points there are, and high ones too, to be secured by other means than so-called medical. The common bonds of life tie all alike. Though rolling in the sphere assigned to us, we never cease to form part and parcel of the general system—influenced by the same great laws, and governed by the same *Great King*. If keeping His great laws conduce to human weal, to strictly do so we must ever aim.

> "The good old rule, the simple plan,
> That they should take who have the power,
> And they should keep who can",

must be at once and for ever laid aside. We must lean forward on a better and a purer faith. We must "do unto others as we would that others should do unto us." We must show, yet more clearly, that we are living to work, not working to live only. Living to work! Witness the simple truth that we are shorter lived than other professions; and why? Our anxious hourly watchings over scenes of sorrow or of suffering; our struggle ever on to do the most and best for all; our loss of Nature's sweet restorer, and other comforts for decaying frames;—these, with brains strained tight to fit for fighting life's rough battle—these, and such like efforts, tend but to the grave. Yet, though short in stretch our lives, intense in effort. Hence long

> "We live in deeds, not years; in thoughts, not breaths;
> In feelings, not in figures on a dial:
> We should count time by heart-throbs. He most lives
> Who thinks most, breathes the noblest, acts the best."

Neither can this form matter of wonder, when we think for a moment of the intricacies of the framework with which we have to do. View it as to structure or to function! Why, the most finished productions of human effort, whether of body or of mind, sink into utter insignificance when contrasted with it. The Hand, whose meanest work outvies them all, is there. There, *even in its ruins*, the impress of Omnipotence can be traced; and, on earth, it can even constitute the dwelling-place of its Creator's Spirit.

No release, gentlemen, from the trammels that are presumed to have hitherto encumbered us can be hoped for or obtained, till by ourselves the greatness and the glory of our mission be perceived. When so, viewing this life as a scene of sorrow and of suffering, we shall warmly push on to alleviate its distress. We shall view ourselves as competitors in the race of charity, far more than in that of worldly advancement; as vieing who shall most minister to our race's ills, or point, it may be, a departing spirit to a place of rest.

Sad indeed is the truth, and not to be winked at, that by some amongst us such thoughts are ignored. Truth departs, if ever it had place, and error reigns; or truth and error *appear* to combine. The iron and the clay, however, will never coalesce; and sooner or later the deception will unfold. Neither does this apply to moral or religious, more than to scientific truth. Born and nurtured in the true faith of so-called allopathy, let us cling closely to its precepts and its practices. Yet, it is not enough that we "hold fast that which is good"; our aim must be, also, to combat and extinguish error. One's fingers tingle when he sees the amount of it afloat around him, and he longs for the power to erase it all from the page of his experience; but how much more so, when he finds it flourishing through the fostering influences of truth's pretended friends. Yes, gentlemen, there are those, alas! whose brotherhood we cannot deny, who, whilst basking in the sunshine of courtly favour, and fanned by the perfumed breezes of Belgravia, so far forget their allegiance as to wink at the practices of the enemies of truth; who cease not to pander to the ever-craving, never-satiated, appetite of fortune's pampered sons—whose cry for ever is, as those of old, something, not true, but new: not that which, strong in honesty, boldly marches to the relief of suffering, but that which tickles fancy, kills the moment, though absurd and unsubstantial as the baseless fabric of an idiot's dream.

Gentlemen, let the teachings of experience in such things not pass away unimproved. Let us learn, if not already, that to us individually is confided the guardianship of the high interests of our profession; and let us strive, each in his own little world, and, it may be, his own little way, *so* to present truth, that in its naked simplicity it will be received by the thinking, and so to adorn it by our lives and conversation, that it will be accepted by the feebler and less judging amongst us. Doing so, we may well rest assured that our profession will attain all that in the Councils of Heaven has been assigned to it. It will prove itself to be, as it was, and ever should be, the twin child of Christianity; and to its successful cultivators and practitioners—to those who have viewed it as a stream of Heaven's mercy, and have humbly trusted to the Spirit of Wisdom to guide them in its use—to them will it be given to know that they have not been mistaken; that, in doing their duty to their patients and their profession, they have done it unto Him who dictates all duty, who sympathises with all suffering, and lords it over all professions.

SOUTH-MIDLAND BRANCH.

CASE OF STRANGULATED INGUINAL HERNIA.

By BLACKALL MARSACK, Esq., Olney.

[*Read May 30th, 1859.*]

STRANGULATED hernia is at all times of interest to the surgeon; and though an operation is not often required, the day is not far distant when it will be still less needed. I look forward to the time when the recruit who presents himself for admission into Her Majesty's service will no longer be rejected on account of his rupture, but will be sent to some institution where he will undergo an operation for the permanent cure of his infirmity; so that, if this be successful, he may be accepted.

The case which I am about to read is one which has occurred in my practice since the beginning of this year, and which, by the able assistance of my friend Mr. William Daniell (the son of our worthy ex-President), I was fortunate in bringing to a successful issue.

George Andrews, a thatcher, of Clifton Reynes, aged 65, was first ruptured three years ago; but until the week before Christmas last, the hernia was so slight and caused so little inconvenience, that he did not wear any truss. At that time, whilst he was stocking-up a hedge row, it suddenly descended into his scrotum, giving great pain, which was not relieved until he returned home and replaced the bowel. A truss was worn afterwards; but it does not appear to have been of much use, for, in the evening of January 31st, the rupture again descended, and he was unable to reduce it. He, however, did not send for assistance until the following evening (Feb. 1st), when I found him suffering from all the symptoms of severe strangulation—intense pain, constant vomiting of a dark coloured fluid, quick respiration, anxious countenance, etc.

On examination, I found a large scrotal hernia on the left side, very tense, and apparently all intestine, filled with hard fæces. I employed the taxis in the usual way for about a quarter of an hour, without making the least impression. I then gave it up for the night, and ordered cold applications to be applied until morning, telling him that an operation would be necessary if the rupture could not then be returned.

Mr. W. Daniell came over to assist me in the morning; and, both of us being agreed that an operation was imperative, I proceeded in the usual way by making a longitudinal incision over the tumour. The stricture was at the internal ring, and unusually tight, so that it was difficult to pass even the nail of my forefinger under it; and I found it impossible to introduce the beak of the ordinary blunt pointed bistoury without the aid of a small director. After division of the stricture, the whole mass returned readily into the abdomen. The sac was not opened, as I considered the strangulation had barely had time to produce mortification, and there would be a better chance of recovery. During the operation, and after making the first incision, it was necessary to tie a small artery, which I mention on account of the unusually long period the ligature remained firmly attached, and the irritation it appeared to set set up. I brought the wound together with two sutures, and applied a pad and bandage, and gave forty minims of tincture of opium.

February 3rd. The patient has passed a good night, but feels feverish and thirsty this morning. Pulse 78, regular and soft. The bowels have not been relieved. There is no pain on pressure over the abdomen, but slight tympanitis. The wound is apparently uniting by the first intention. I gave an injection of thin gruel and castor oil, also a saline mixture every four hours.

February 4th. He has passed a very restless night, and complains of pain over the wound. Pulse 80; tongue moist; skin cool. The bowels have not yet been relieved since the operation. The wound and the surface of the scrotum look red and swollen. I removed the sutures; and the centre of the wound discharged a small quantity of pus, most probably produced by the irritation of the ligature on the artery. I gave another dose of castor oil, and applied lint dipped into warm water over the scrotum.

February 5th. He has passed a restless night, owing to the castor oil having operated several times, causing griping pain at each motion. Pulse 70, soft; tongue moist and furred, white. He has no tympanitis; but slight pain on pressure over the abdomen. The wound has opened, but looks healthy. The ligature is firmly attached. I ordered him to have strong beef-tea every four hours.

February 6th. He has passed a good night. The bowels are not open. He complains of occasional pains in the abdomen, but these are not increased by pressure. The ligature is still firm.

February 7th. The bowels were much purged during the night, causing great pain. Pulse weak, 70. He has no particular pain on pressure over the abdomen. The discharge from the wound is dark and offensive. The ligature still refuses to come away. He was ordered to have beer, beef-tea, and eggs.

February 8th. He has had a restless night owing to pain in his right elbow and right hand: he says that he is subject to rheumatism. At present, there is slight redness of the elbow-joint, and a red tender spot on the metacarpal joint of the fore-finger. He looks better in his general appearance, and is quite free from pain in the abdomen. Pulse 66; tongue moist. The wound is discharging healthy pus; the ligature is still firm. I ordered him to have poppy-head fomentations applied to the elbow and hand, and to take beer and meat daily.

February 10th. He is in every way progressing favourably. The wound is nearly closed; the swelling and pain of the elbow and hand are nearly gone. The ligature still refuses to be pulled away.

February 12th. He sleeps, eats, and drinks well. The ligature could resist no longer. I fixed a pad on with strapping and bandage, and ordered him to get up.

From this date he kept on improving; and on March 6th, he walked down to my house, and I fitted him with one of Salmon and Ody's trusses. He went regularly to work immediately, and has found no inconvenience since.

Remarks. I believe this case would have been quite well in five days from the operation, had it not been for the ligature on the artery; and I regretted afterwards that I had not attempted to stop the hæmorrhage by pinching or torsion. That there was great susceptibility of irritation in this case, was shewn by the erysipelatous blush on the scrotum produced by the two sutures.

CASES OF ASCITES, APPARENTLY ARISING FROM CHRONIC PERITONITIS.

By William Paley, M.D.Lond, Peterborough.

[*Read May* 30, 1859.]

In bringing before you the following cases of ascites, apparently arising from chronic peritonitis, I can scarcely hope to be able to throw any very new light on the subject: my wish is to call your attention, first, to the frequency with which these cases occur in my own immediate neighbourhood; and, secondly, to mention a plan of treatment which I have found from experience to be very successful.

The cases which I shall mention, thirty-six in number, have all occurred in my practice as Physician to the Peterborough Dispensary during the last thirteen years, with the exception of four, which were seen as private patients. It is fair to state, that in the list of cases given, none are admitted in which the presence of fluid in the abdomen was not most distinctly evident. I have purposely omitted some others, where I believe the disease existed in an early stage, but where the presence of fluid was not so certain.

In forming my own opinions in these cases, I consider the following essential symptoms. Fluctuation; more or less enlargement of the abdomen, with dulness on percussion; pain, or at least a sense of uneasiness, in the abdomen; considerable disturbance of the general health; emaciation; hectic fever, with usually great quickness of pulse; generally diarrhœa; and, lastly, the absence of any other cause of dropsy, as disease of the liver, heart, or kidneys. With these few preliminary remarks, I will proceed at once to analyse the cases.

Sex. Fourteen were males, and twenty-two females.

Age. One was between 1 and 2; two between 2 and 5; four between 5 and 10; eleven between 10 and 15; five between 15 and 20; ten between 20 and 30; the remaining three between 30 and 60. It may fairly be inferred from these data, that children and young persons, more especially girls, are most liable to its attack.

Complications. In four cases there was distinct stethoscopic evidence of tubercles in the lungs. In five cases pleuritic effusion was either present at the same time, preceded, or followed the effusion into the peritoneum. In one case there was lumbar abscess; in another, strumous disease of the elbow-joint; in one, a middle aged adult, there was suspicion of a non-malignant tumour in the abdomen. The strumous diathesis appears strongly marked in most of these complications.

Duration of the disease from commencement to termination. Not known, eight cases; four from six weeks to two months; four from two to three months; two from three to four months; four from four to six months; eight from six to nine months; six from twelve to eighteen months. It is essentially a chronic disease; two-thirds of the cases had lasted six months.

Results. Twenty-two cases were cured; four much relieved; one not relieved; four ceased to attend; five died.

In one case only was an examination permitted after death. A considerable quantity of sero-purulent fluid was poured out into the peritoneal cavity, which was formed into several separate compartments by bands of adhesions. The peritoneal surface of many of the viscera was studded with tubercles. The liver was granular. In another case ulceration took

place spontaneously near the umbilicus, and a large quantity of purulent fluid continued to flow through the opening for many weeks, till at last the patient sank from exhaustion. With so few facts to rely on, I would wish to speak with the greatest diffidence as to the morbid anatomy of these cases; but I have a strong conviction on my own mind, that in a great majority of them tubercles would be found more or less developed in the peritoneum, giving rise by their presence to subacute inflammation and consequent effusion of serum.

Treatment. In the earlier cases, I tried diuretics, purgatives, and counter irritants without much effect; then I used the iodides, principally the syrup of iodide of iron, and friction over the abdomen, with ointment of iodide of mercury, both, I am bound to say, with good effect; still the absorption of the fluid went on very slowly; a long course of treatment was required before it could be effected, and the patient's strength was very apt to give way in the meantime. At last I tried cod-liver oil, and found it so successful, that for the last eight years it has always formed the basis of my treatment. I generally give at the same time the syrup of iodide of iron, if there is no diarrhœa, and use friction over the abdomen with the iodide of mercury ointment. I lay great stress also upon keeping my patients as much as possible in the open air, giving a nourishing but unstimulating diet, carefully avoiding either invaliding them or reducing their strength by too active remedies. If there is diarrhœa or very much pain in the abdomen, I give small opiates, either with or without astringents, as the bowels may require. In two cases only, from the great distention of the abdomen, was the operation of tapping thought desirable; in one, a child, it gave no permanent relief, the body filling again in a few days: it was not therefore repeated. In the other case, that of a man, in which I suspected an abdominal tumour, it was performed four times, and seemed materially to assist the cure, the quantity of fluid diminishing after each operation.

In conclusion, and lest any one should be disappointed in not being able to effect a cure so rapidly as he could wish in similar cases, I will just mention the length of treatment required in the cases given; one, one week (died); four from two to three weeks; two from three to four weeks; two from four to five weeks; two from five to six weeks; four from six weeks to two months; eight from two to three months; four from three to four months; three from four to six months; three from six to nine months; two from nine to twelve months; one eighteen months.

FORCED ALIMENTATION.

By P. R. NESBITT, M.D., Northampton.

[*Read May 30th*, 1859.]

AMONGST the varied phenomena of insanity, nothing is more common than the indisposition to take food. Without professing to have any novelty to offer for the relief of this difficult, troublesome, and dangerous symptom, certain broad lines may be laid down with the view of combating it. Sometimes it arises from a simple act of volition—a vow hastily made, and unrepented of. This is witnessed especially in those who have morbid and perverted ideas on the subject of religion. Because the Saviour of Mankind was able to fast forty days and forty nights in the wilderness, an inference is drawn amongst the moody and melancholy that they can do the same. With a strong will they bind themselves to a resolution to abstinence, and would perish from sheer inanition. At other times, it seems to depend on physical derangement, involving some one or more of the vital organs. The accurate discrimination of the causes of this abnormal surrender of judgment is of the last importance to the psychological physician. "Quid causa ratio, et quod sit causæ genus atque cibi suma questio nossi vilent omnes," is an axiom no less applicable to this than it is to "other ills to which our flesh is heir".

It would be a great mistake to suppose that the symptoms of insanity present any uniformity in their character. Their name is legion, and as chamelion-like in their manifestations as are the temperaments, dispositions, and feelings of men. No one can travel from Dan to Beersheba, and say it is all barren, except those who have their lesson to learn.

To define insanity, however, is not, if it were possible, the object of this paper: its scope is limited to the single proposition of meting out relief to the sufferer who, whether voluntarily or otherwise, persists in combating the laws of nature. It will be at once conceded that such a person is a most fitting subject of medical care, and cannot be, except in very rare cases, deemed a proper inhabitant of his own dwelling. It is an unmistakable feature demanding removal from home, and the sooner the step is taken the better. If that atmosphere, as a general rule, is unsuited to recovery, it becomes specially obnoxious when the disease is thus marked. Alienation, estrangement, and indifference, are its most constant concomitants; and hence the very offices of natural life are baffled and counteracted. Such cases are hence fairly supposed to fall within the domain of him who practises and devotes himself to this department of our art.

From the preceding observations, it will readily be understood that, after a suitable home is provided, suitable treatment must be its accompaniment. That treatment, for convenience of arrangement, may appropriately be considered under the following heads:—

1. By the temptation of a variety of food.
2. By seclusion in a room whilst the different viands are placed within reach.
3. By feeding as a young child is fed.
4. By forced alimentation.

All these different methods are successively brought into play, and the last only is had recourse to when all the others have failed.

It is by no means an uncommon occurrence for a person to abstain at his own home, and to fall into the habits of the ranks when placed with strangers and in new surroundings. It may be that the influence of example is contagious, or it may be that his senses are no longer oppressed by the presence of the loathed and suspected inmates of his own dwelling. The idea of food being drugged will often prevent a patient using it; but sometimes a little tact is all and sufficient. A lady now under my care refused her wine on this ground, and she suffered by its want. It was daily presented, and as daily rejected. I at once tasted the poisoned article, and, sipping it very methodically, soon arrived at the bottom of the glass. The next day, and at the same hour, I repeated my visit; but the glass was already empty. She had no notion of my drinking *her* wine. The little experiment was entirely successful, and she has ever since taken it as any other Christian would. Persons, under an exaggerated and false notion of their importance, will sometimes think that they have a mission to perform—a mission from on High. A gentleman now under my care, in the early part of his residence conceived that he had a commission to break windows. Before the putty was dry, the glass was out; the practice thus becoming a perfect nuisance. His manœuvres were always sly and impulsive. He seemed surprised at a doubt being expressed relating to his commission. He acted in obedience to it; but on my intimation that, if he possessed such, I had a *higher* authority, which I could produce if he questioned my veracity; and that was a commission to prevent him. He looked amazed; but, contenting himself with the assurance, innocently replied that, if that was really the case, he of course should break no more windows—a promise which he has literally kept for years. These are simple illustrations of the mode in which difficulties are sometimes met in the treatment of the insane.

But it sometimes happens that the patient will refuse food whilst in the presence of others, and that he will eat by stealth whilst unobserved. Seclusion, with tempting food before him, will thus carry the day. Those too feeble to help themselves will oftentimes open their mouths when the hand of another relieves them of the burden of conveyance.

Should, however, all these plans fail, the last and only one then presents itself: the patient must be forced; life must be sustained. There are many persons now abroad in the world who owe their lives to forced alimentation, and who without it would unquestionably be numbered with those that were. This process I have known to be necessary not merely for weeks, but months, continually. The patient submits to it after a time with perfect *sang froid*, regarding it with feelings akin to those engendered by the operations of the barber. As a celebrated politician was wont to say, in dealing with a great proposition, there are three courses open: so it is with forced alimentation; it may be effected—

1. Through the nasal passages.
2. By the mouth.
3. By the anus.

The advantages by the first mode are so obvious to every one acquainted with the practice of this department, that it is not too much to say that it has thrown the other two into the shade. The simplicity of the apparatus, the facility in its introduction, at once commend it. I produce it, for the benefit

of those who may never have had an opportunity of seeing it—a metallic vessel, in figure and character resembling a funnel, to the small end of which is fastened a flexible tube, which, on being passed through the posterior nares and œsophagus, conveys, by the simple force of gravitation, whatever liquid is placed in the vessel, generally from half to three-quarters of a pint. The patient may resist; but resistance is so easily overcome, that the operation may be pronounced perfectly safe and efficacious.

The second mode, by the mouth, through the agency of the stomach-pump, is surrounded with difficulties that, though once or twice overcome, cannot long be persevered in. There is, in the first place, the forcible opening of the mouth, the insertion and fixing a gag, and the chance of the patient being injured by long efforts of resistance; to say nothing of salivation. The stomach-pump and other discomforts may therefore be now considered as antiquated instruments in forced alimentation.

Of the third mode, by the anus, it is only to be thought of when there is any abnormal condition in the throat or passages leading to the œsophagus, forbidding the introduction of an instrument. It holds, unquestionably, the lowest place in the scale; and, though life may be somewhat prolonged, the powers of the absorbents are comparatively too feeble for the adequate sustentation of the system.

Thus all the arguments are in favour of the instrument on the table, and the feeding through the nares.

It remains, however, to be observed, that a demonstration or the sighting of the apparatus will often produce the happiest results; and that food will be voluntarily taken by the patient when the alternative of his not doing so is fairly placed before him.

The feeding apparatus of twenty years ago, first used at the Glasgow Asylum, supplied a then existing want; but it was valvular in its construction, and, requiring the aliment to be injected through the nares, consumed time, and was speedily corroded *by* time. The modern invention is so simple that the surprise is that it should not have anticipated every other. But it must be remembered that the most splendid triumphs and applications of art and science have been achieved by the genius of successive minds; and that the aphorism of Hippocrates, *Ars longa, vita brevis*, is as forcible and true in our day as it was in his.

Reviews and Notices.

On the Organs of Vision; their Anatomy and Physiology. By Thomas Nunneley, F.R.C.S.E., Lecturer on Surgery in the Leeds School of Medicine, etc. pp. 373. London: Churchill. 1858.

If it were incumbent on all reviewers of good books that each reviewer should himself be the author of a good book, we guess that the reviewing class would dwindle into very small shrubs, and that reviews would be shorter, fairer, and sharper. The book before us—a good book in every sense—has been bowled at by so many skittling gentry for their amusement, that we, taking it up with the marks of long suffering imprinted on its outer surface, scarce knew what to do with it at first glance. After a while, the externals put aside, we ventured to go rather more deeply into the substance than is common; and now, by due examination, we have come to the conclusion that any wanton skittler who may presume to bowl at the book again, should think himself fortunate that, by a providential arrangement, he is prevented from bowling at his own *caput capitis*.

Mr. Nunneley brings to his task all the energy, knowledge, and independence that characterised the authorship of books in days of sounder literature than these—the weak, profuse, and degenerate. His industry is steadfast; his argument courteous and philosophical. There is, further (and this is a great point), no attempt in any page to invite the reader from the pure science to the one man; the beckoning finger and turtle-dove coo by which physical sinners are invited to visit some one great body-cobbler are suppressed. Who reads, reads for the book, not for the author.

So much has been written of late years regarding the organs of vision, that to write again on this subject with force and originality, were indeed a difficult, and in some senses an useless task. There was only, in fact, one direction which an author could take if earnestness were his intention. He could bring all the materials, previously spread broadcast over miles of print, into one volume; and, by skilful and laboured application, complete a work which should bring into the possession of all his working and over-worked brethren the sum total of what is known in one of the most interesting departments of natural science. This has been Mr. Nunneley's object, and he has carried it out right well; aided by skilful artistic hands, he has produced the best and most comprehensive treatise on vision extant in the English language.

The Anatomy of the Human Eye is given with perspicuity and minuteness. A chapter on Light and such of its laws as are immediately applicable to vision, gives a concise and easy outline of the subject it suggests. The chapter on the Comparative Anatomy of the Eye recalls the mind roughly to the musical and poetic, but less scientific, strains of St. Pierre on his insect world. A short chapter on the Eyes of Fossil Animals concludes with a passage which cannot be omitted.

"The large scorpion had eyes as those now living have; it must have had similar habits, and have seen in the same manner as those of our day; therefore the atmosphere in that ancient world could not have materially differed from its present actual condition. We know how greatly a fog or mist now obscures the light; it must have been so then, and hence the inevitable inference, that the atmosphere was for the most part clear and transparent. The sun must have shone in radiance, and not have struggled in dim twilight to disperse a dense mass of thick watery vapour. That light was the same then as now, these remains render certain. We have seen that there are but two modes in which an apparatus can be formed, by which the image of an object can be obtained, and also that both of these methods are taken advantage of in the construction of the eyes of living creatures.

"The revelations of geology have shown that the same arrangements have prevailed in congenerous creatures *ab initio*. If the instruments have always been the same, the laws of the medium through which sight is obtained must also have been so, since the instrument is, and always must have been, formed in accordance with these laws. Such reasoning would open a most interesting and important chapter in the world's history, but it would lead us too far from our immediate inquiry." (Pp. 298-99.)

But the part which to us is most interesting is the Physiology of Vision. Here several points are brought forward and discussed with much commonsense ability. On the subject of the Adjustment of the Eye for the perception of objects at varying distances, Mr. Nunneley, after giving a concise account of the opinions advanced by his predecessors, sums up the question in the succeeding five propositions.

"1. The first change, then, in adapting the organ to overcome the aberration of parallax is in the condition of the iris. When a near object is looked at the pupil contracts; in regarding a distant one it dilates. This is an involuntary action.

"2. In very near vision the crystalline lens is probably slightly pulled or projected forwards; in distant it is allowed to recede towards the retina.

"3. It is not impossible, though by no means proved, that the state of the lens alters, becoming more spherical or flatter according to the nearness or distance of the object looked at.

"4. The cornea becomes altered in its shape; the radius of its base being larger or smaller in distant or near vision; hence the cornea becomes more convex, and its refractive power increased, when near objects are seen, and flatter and less refractive when distant things are looked at.

"5. The axis of the eye from before to behind becomes sensibly elongated or shortened, according to the distance of the object." (P. 312.)

We might enlarge to any extent on the subjects brought forward in this department of the treatise. The pages on Erect Vision from an inverted image are full in detail; and if the author, like many others before him, has given no satis-

factory solution of the problem, he has given a fair and learned summary of the known facts.

Altogether, we recommend "Nunneley on Vision" as a work suited alike to professed students, practitioners, and science-amateurs all the world over.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, JULY 23RD, 1859.

THE MAIN DRAINAGE OF LONDON.

THE works now going on in London in connection with the scheme for removing the whole drainage of its extensive area, should be viewed with deep interest by all medical men versed in sanitary science. Within the last twenty years, a most complete revolution has taken place with respect to the drainage of our houses and streets—a revolution which has brought about in some instances even a worse state of things than before existed, and has necessitated a fresh revolution of a still more marked character. But twenty years ago, every house in London and other large towns had its own domestic drain, located very often below the kitchen floor, and in all cases lying self-contained within the premises. The result of this arrangement, which had existed from the foundation of the city, was not, however, fully felt until the introduction of the water-closet at once doubled the liquid contents of the cesspools, and afforded that amount of moisture which was required as a vehicle to carry the offensive matter to the olfactory nerves. Bramah's water-closets, in fact, wafted a hidden incense to our noses, and made us acquainted for the first time with the fact that our houses were little better than inverted bell-glasses, so constructed as to receive without possibility of escape the noxious vapours reposing manufactured on the premises.

Then came the bright idea of eradicating cesspools, and connecting the closets with the street sewers, constructed originally for the purpose of carrying off into the river the rain-shed of the metropolitan area. Inasmuch as by this plan we removed noxious matters from our bell-glasses,—*i.e.*, houses,—this was a great revolution: and the health of London for a time was largely benefited by its introduction. The system, however, no sooner became very general, than the evil displayed itself in another direction. Year by year the river became more foul: every cesspool evacuated into the Thames was a fresh pollution to it, until at length the old river-god fairly began to murmur, and to compel those traversing his bosom to hold their noses. For several years, the whole aspect of one of the largest streams in Europe has been getting more and more disgusting. In 1857, it was so bad, that Faraday alarmed the public by proving that a piece of white paper, thrown from the deck of a steamer, was invisible the moment it sank beneath the water. Last year, its dye deepened, and some of the river-steamers were forced to give up running. This year, matters are still worse, and the organic ingredients now to be found in it are nearly double of what they were last year. Day by day, twenty-five thousand sewers sluggishly convey their contents (upwards of two hundred thousand gallons of filth, containing three hundred tons of organic matter) into our great river: and, on occasions of great storms, this quantity is enormously augmented.

To this condition we have been reduced by the first revolution in our sewer system; and, of course, it has necessitated revolution number two, which proposes to carry the whole drainage of the metropolis by great intercepting sewers out to sea. We have spoken our minds so often with respect to the extravagance of the scheme, with its gigantic tunnels, that will be little better than elongated cesspools, instead of the more economical pipedrains which never fail, and we have denounced so loudly the absurdity of destroying the great earth-fertilising refuse of three millions of people, that we need not here reiterate our convictions.

It seems to us, however, that what is going on in London should prove a warning to our great provincial towns. Many of these are just in the position in which London was ten years ago. They have begun to drain directly into their rivers, in many cases non tidal. Let us notice, for instance, Bristol and Bath. Through these large cities the river Avon once ran pure; but now it is fast becoming a source of disease to the inhabitants upon its banks. Bristol, by the returns of the Registrar General, is one of the unhealthiest places in the kingdom; and this insalubrity can be ascribed to nothing but the foul emanations from its river; for Clifton, situated on the hill, is exceedingly healthy.

The system of draining into running streams has penetrated even into small towns and villages; and many a brook that, until within these last few years, ran as clear as it did at the creation, is now reduced to the condition of a stinking cesspool, poisonous to the houses on its banks—and all through the folly of some Local Board of Health in draining into its channel. Not long since, the vast Lunatic Asylum at Colney Hatch adopted the new plan of getting rid of its filth. The refuse of twelve hundred persons was cast into the insufficient stream upon which it is situated; and, in consequence, a low form of fever began to appear in the cottages on the stream miles below, whose inmates had been unconsciously drinking the diluted sewerage of the asylum. The course taken by the authorities was at once simple and effectual. The drains were cut off from the running stream, and by the aid of steam their currents were pumped into a high level cistern, from which they were allowed to flow over the large areas of kitchen-garden ground belonging to the establishment; the result being a vast saving of vegetable produce, and a total disappearance of fever from the banks of the stream; which was once more pure.

The example of this establishment will, we hope, be followed by all small towns and villages wishing to reform their drainage. Cesspools in the open are, we believe, innoxious; at all events, they are far less detrimental to the public health than the pollution of the contents of the running streams of the country; which, it will be remembered, often supply the drinking water of the people upon their banks. We trust, therefore, that

any attempt on the part of Local Boards of Health to further poison the healthy brooks and pellucid streams, will be strenuously resisted by all persons who have even a smattering of sanitary science.

THE WEEK.

Our readers will recollect the trial of James Atkinson at the York assizes last year, for the murder of Mary Jane Scaife, and his subsequent acquittal on the plea of insanity, on the evidence principally of Dr. Forbes Winslow of London, and Dr. Caleb Williams of York. These physicians were exposed to severe criticism for the testimony they gave in behalf of the prisoner. It was alleged at the time that Dr. Winslow and the other medical witnesses had by their evidence misled the jury, and had thus produced a miscarriage of justice by mistaking a case of *feigned* for one of *real* imbecility. The following statement, which we copy from the *Daily News*, respecting Atkinson's present mental state, fully confirms, in our opinion, the justice of his acquittal, and the soundness of Dr. Winslow's estimate as to his insanity when he examined him in York previously to the trial. Since his acquittal, Atkinson has, says the *Daily News*, "remained at the Castle, and has lately been very violent, attacking indiscriminately the governor, officers, and prisoners who happened to be near him. Within the last week he inflicted some severe injuries upon a man who is confined along with him. They had had some words, when Atkinson struck the other prisoner most unmercifully, and inflicted some bruises upon him. There is no doubt the affair would have ended much more seriously if one of the prison officials had not interfered and separated the parties. In all probability, these passionate outbreaks will cause Atkinson's removal to another place of security." The anticipations of the *Daily News* are now found correct: and Atkinson has been, in consequence of his violent conduct, transferred to a lunatic asylum in London. Surely results like these should make the non-medical critic a little more cautious in going counter to the opinions expressed by medical men of great experience and of admitted sagacity.

If we may credit the following extract from a report made a few days ago on the Sanitary State of London, by Dr. Letheby, the state of our river is gaining even an European notoriety.

"The foul condition of the river continues to increase, and is exciting attention both here and on the Continent. I have received a number of communications relating to the subject, and to the measures which are thought necessary for abating the evil. Some of these are before you; but as I have no authority to entertain them, or to examine their merits, I would recommend that they be forwarded to the Metropolitan Board of Works. One of these communications is from M. Bourbée, Professor of Geology, at Paris. It has reached me through the Lord Mayor. Another is from M. Goethaler, of Antwerp; and there are several which have been directed to this commission. M. Bourbée is of opinion that the whole of the present mischief is due to the quality of the soil through which the river flows; and he recommends that the whole of the infected bed of the river should be covered with hydraulic lime and pebbles. He thinks that the efficacy of the concrete thus formed will depend, not merely on its producing a solid channel for the flow of the river, but also on the causticity of the lime, which will destroy the putrid organisms; and therefore he suggests that the whole course of the river should be concreted at one time. He is, he says, aware of the magnitude of the undertaking, and he trusts to English wealth and English skill for accomplishing it. The other schemes are of less pretensions, and you may, perhaps, be of opinion that they should be forwarded to the Metropolitan Board, who are now inquiring into the matter. I wish, however, to make this remark, that the state of the river is fast becoming worse and worse. The organic impurities are increasing from day to day, and are now just four times as abundant as they were on June 11th."

The King and Queen's College of Physicians in Ireland has followed the example of the other Colleges of Physicians, in instituting a "year of grace." Here are the regulations for the admission of Licentiates in Medicine and in Midwifery, to be in force until the 1st May, 1860.

"1. Licentiates or Members or Fellows of one of the Royal Colleges of Surgeons in Great Britain and Ireland, and persons holding the Surgical Diploma of Trinity College, Dublin (as well as Graduates in Medicine of a University, or Members of a Royal College of Physicians of the United Kingdom), shall be admissible to examination, without any other qualification or certificate being required. 2. Graduates in Medicine of any University in Great Britain and Ireland, Licentiates of either of the Royal Colleges of Physicians of London or Edinburgh, Licentiates, Members or Fellows of any Royal College of Surgeons in the United Kingdom, and persons holding the Surgical Diploma of Trinity College, Dublin, shall be required to undergo the second day's examination only—viz., in acute diseases, chronic diseases, materia medica, and midwifery. 3. The fee for the admission of Licentiates into the College shall be £10 10s. exclusive of the stamp duty. 4. Any Fellow or Licentiate of this College may, on the production of such qualifications as the College shall consider satisfactory, and on payment of the sum of £2 2s., obtain the Diploma in Midwifery, without further examination.

"William Edward Steele, M.D.,
"*Fellow and Registrar.*

"College Hall, June 1859.

The Irish College, it will be observed, does not propose to admit applicants without examination; but this examination, in a large proportion of cases, is to consist of part only of that which is expected from ordinary candidates for the diploma of the College.

While we never fail to denounce the conduct of those Life Assurance companies that will not pay the fees of medical referees, we have always pleasure in recording instances in which the proper process has been adopted—whether by newly formed companies, or by the turning of veteran sinners into the right path. To-day we are gratified in being able to mention the Norwich Union Life Assurance Society in terms of commendation. In their last report, dated June 29th, occurs the following sentence:

"The Directors further report to the members that, after due deliberation, they have decided in all cases of application for insurance, where medical advice is required by the office, to pay a fee to the private medical referee whose opinion may be thought necessary for its protection."

Our associate, Dr. Ranking of Norwich, is, we observe, one of the Committee of Directors of the Society: and, although we cannot speak positively as to the fact, yet we have no doubt that he, led by his well known zeal for the just treatment of his professional brethren, has been mainly instrumental in bringing the Directors to consent to the resolution to which reference has been made.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-Seventh Annual Meeting of the British Medical Association will be holden in Liverpool, on Wednesday, Thursday, and Friday, the 27th, 28th and 29th days of July.

President—W. P. ALISON, M.D., F.R.S.E., Edinburgh.
President-Elect—JAMES R. W. VOSE, M.D., Liverpool.

The Meetings of the Association will take place at the Medical Institution, Mount Pleasant.

The following is an outline of the proceedings. A more complete programme will be issued at Liverpool.

WEDNESDAY, *July 27th.*

11.30 A.M. Meeting of Committee on Medical Legislation in the Committee Room.

1 P.M. Meeting of Committee of Council in the same Room.

2.30 P.M. Meeting of General Council of the Association in the small Theatre.

7 P.M. First General Meeting of the Association in the large Theatre. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council will be presented, and other business transacted.

THURSDAY, *July 28th.*

8.30 A.M. Public Breakfast at the Adelphi Hotel. Tickets 2*s.* 6*d.* each.

10 A.M. Meeting of the Members of the new Council in the small Theatre.

11 A.M. Second General Meeting of Members. The Address in Medicine will be delivered by Dr. E. WATERS of Chester. Cases and Papers will be read.

The meeting will adjourn at 1, and reassemble at 2 P.M.

2 P.M. The Report of the Benevolent Fund will be received. Cases and Papers will be read. The meeting will adjourn at 5.

8.30 P.M. *Soirée* at the Royal Institution, Colquitt Street. The Royal Institution, the Gallery of Arts, containing a fine collection of paintings, and the Museum of applied Sciences will be thrown open. During the evening some interesting electrical phenomena will be illustrated by J. BAKER EDWARDS, Ph.D.

FRIDAY, *July 29th.*

11 A.M. Third General Meeting of Members. The Address in Physiology will be delivered by A. T. H. WATERS, Esq., of Liverpool. Papers and Cases will be read.

3.30 P.M. A Steamer will leave the North Landing Stage to convey the Members along the Docks, and round the Line of Battle Ships stationed in the river, to return at Five P.M.

6 P.M. Dinner. Tickets a Guinea each.

Gentlemen intending to be present at the Dinner, and who have not applied for Tickets, are requested to do so as early as possible. Application should be made to the Honorary Secretary of the Committee, A. T. H. WATERS, Esq., 27, *Hope Street, Liverpool.*

Members are requested to enter, on arrival, their names and addresses in the Reception Room in the Medical Institution, Mount Pleasant, where all the meetings will take place, and where cards will be supplied which will secure admission to all the proceedings, and contain such information as may be useful to those who are strangers to the town.

Members who wish for previous information may communicate with the Honorary Secretary, as above.

It is particularly requested that all Members who propose to read Papers will communicate with the General Secretary without delay. Arrangements will be made for the Sectional Reading of Papers, if a sufficient number be promised to render such a plan desirable.

Among the principal Hotels are:—the Adelphi, Ranelagh Place; the Waterloo, Ranelagh Street; the Angel, Dale Street; the Feathers, Clayton Square; the George, Dale Street; the Grecian, Dale Street; the Neptune, Clayton Square; the Queen's, Lime Street; the Royal, Moorfields; the Stork, Queen's Square; the Union, Parker Street; the Victoria, St. John's Lane.

The Reception Committee have made arrangements for securing the admission of members attending the meeting to the various places of interest in the town.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, June 30th, 1859.

ALTERATION OF LAWS.

THE following alteration in the wording of Law 25 will be proposed at the annual meeting:—

Instead of "any twenty members may unite," etc., read "any number of members may unite; but that no Branch consisting of less than twenty members shall have the privilege of sending a representative to the Council."

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, July 1859.

CAMBRIDGE BRANCH: ANNUAL MEETING.

THE annual meeting of the Cambridge Branch of the Association was held at Bishop Stortford, on Tuesday, July 5th: HENRY CRIBB, Esq., in the Chair. There were also present:—W. H. Aldersey, Esq. (Buntingford); F. D. Beck, Esq. (Sawbridgeworth); J. Brickwell, Esq. (Sawbridgeworth); J. Carter, Esq. (Cambridge); J. Cheesman, Esq. (Huntingdon); J. Davies, M.D. (Hertford); C. Drage, M.D. (Hatfield); W. Few, Esq. (Ramsey); M. Foster, Esq. (Huntingdon); G. L. Girling, Esq. (St. Ives); C. F. Hodson, Esq. (Bishop's Stortford); J. Hooper, M.D. (Hoddesdon); G. M. Humphry, M.D. (Cambridge); D. McNab, Esq. (Epping); F. Moore, Esq. (Hadham); L. Newton, Esq. (Alconbury); T. Odell, Esq. (Hertford); G. E. Paget, M.D. (Cambridge); G. M. Phillips, Esq. (Whitwell); B. Pinchard, Esq. (Cottenham); R. G. Powell, Esq. (Buntingford); E. W. Richard, Esq. (Great Bardfield); R. T. Scarr, Esq. (Bishop's Stortford); — Scott, Esq. (Cambridge); F. M. Smith, Esq. (Hadham); G. A. Starling, M.D. (Bishop's Stortford); H. Stear, Esq. (Saffron Walden); W. Ward, M.D. (Huntingdon); H. S. Webb, Esq. (Welwyn); — Welch, Esq. (Saffron Walden); and J. Whitsed, M.D. (Wisbeach).

Brief addresses were made by Dr. Whitsed, the retiring President, and by the President.

CASES AND COMMUNICATIONS.

1. *Hæmorrhage after Labour.* Mr. D. MCNAB read a case in which hæmorrhage occurred and proved fatal, although the uterus was firmly and completely contracted.

Mr. FOSTER related two cases in which hæmorrhage occurred when the uterus was firmly contracted. A large dose of laudanum in one case, and chloroform in the other, was followed by a cessation of the bleeding.

Mr. HODSON related a case illustrating the fact that the upper part of the uterus may be contracted while the lower part may be uncontracted, and be the source of hæmorrhage.

Other gentlemen agreed with Mr. Hodson, that when hæmorrhage occurred, it was probable that some part of the uterus remained uncontracted.

Dr. WARD had found that when oozing of blood continued some days after labour, there were usually clots or some remnants of membranes in the uterus, and upon the removal of these the bleeding ceased.

2. *Hay Asthma*, it was agreed, depends upon an enervated and susceptible state of the patient, and of the Schneiderian and bronchial mucous membranes in particular; a condition often existing in several members of the same family. The attacks, which sometimes resemble those of regular asthma, are clearly brought on by the effluvia from hay or other substances. In the case of an eminent physician, they occurred almost exclusively in the wards of a hospital.

Dr. PAGET mentioned the case of a gentleman in whom they were brought on by effluvia emanating from horses; and so sensitive was the patient, that at times he could not bear the presence of persons who had just been on horseback.

Both Dr. PAGET and Dr. WHITSED had found strychnia of service, as well as quinine and iron.

Mr. PHILLIPS had been himself a sufferer from the affection for twenty years, and had been unable to obtain any benefit from medicines.

3. *Metallic Sutures.* Cases were given by Mr. TUBBS illustrative of the advantages of metallic sutures.

Dr. HUMPHRY had found that though, under ordinary circumstances, they excited little irritation, yet when there was tension they cut their way out quicker than the thread or silk sutures.

4. *In-growing Toe-nail.* Dr. HUMPHRY always treated this troublesome affection, when it was severe, by introducing a piece of bent thin silver plate under the edge of the nail, and securing it there by plaster and bandage. He had never failed to effect a speedy cure by this means.

5. *Tracheotomy in Syphilitic Laryngitis.* Dr. SMITH related a case of unusual severity, in which a cure was quickly effected by the operation.

6. *Allarton's Operation for Stone.* Dr. WARD showed a calculus weighing eleven drachms, which he had removed by this procedure from a lad, aged 9, who had made a quick recovery. He thought favourably of the operation, and proposed to try it on other patients.

7. *The Function of the Urachus.* Mr. MOORE read an interesting paper on this subject.

THE JOURNAL.

The following resolution, proposed by Dr. WARD and seconded by Dr. PAGET, was passed—

"That in the opinion of this meeting, the BRITISH MEDICAL JOURNAL in its present state is inadequate to meet the requirements of the Association, inasmuch as there is a great deficiency of original and useful matter, and the space is too much occupied with births, deaths, pass lists, reports of meetings, and things of small importance."

Both the proposer and seconder, and others who spoke, admitted that the fault was in part with the members of the Association, because they do not bestir themselves to supply a greater amount of good, scientific, and practical contributions. Nevertheless, they could not but think that more of these would be forthcoming if greater efforts were made to obtain them, and if comparatively unimportant matters were more condensed or excluded.

ANNUAL MEETING IN 1860.

The next meeting is to be at Cambridge, under the presidency of Dr. Paget.

EAST ANGLIAN BRANCH: ANNUAL MEETING.

THE Annual Meeting of the East Anglian Branch was held at Lowestoft, on Friday, July 8th: JOHN KIRKMAN, M.D., President, in the Chair. There were also present: B. Chevallier, M.D. (Ipswich); T. W. Crosse, Esq. (Norwich); W. E. Crowfoot, Esq. (Beccles); C. M. Durrant, M.D. (Ipswich); R. V. Gorham, Esq. (Yoxford); H. Gramshaw, Esq. (Laxfield); R. Martin, Esq. (Holbrook); D. Meadows, Esq. (Lowestoft); S. Payne, Esq. (Norwich); J. B. Pitt, M.D. (Norwich); B. F. Symmons, Esq. (Bures); R. Wake, Esq. (Southwold); J. Williams, M.D. (Southwold); and as visitors: J. Bedingfield, M.D. (Needham Market); S. S. Brame, Esq. (Lowestoft); W. H. Clubbe, Esq. (Lowestoft).

The PRESIDENT delivered an address, which will be published in the JOURNAL.

It was moved by Mr. MARTIN, seconded by Mr. CROWFOOT, and carried unanimously—

"That the thanks of the meeting be given to Dr. Durrant, for his services throughout the year."

ANNUAL MEETING IN 1860: ELECTION OF OFFICERS.

It was moved by Mr. CROSSE, seconded by Mr. GORHAM, and carried unanimously—

"That the annual meeting be held next year at Newmarket; and that Richard Faircloth, Esq., be President-elect."

Drs. Kirkman and Durrant, and Messrs. Cadge and Waylen, were re-elected to represent this Branch in the General Council. Mr. T. W. Crosse was elected a member of the Local Council.

RESOLUTIONS: HOSPITAL REPORTS IN THE JOURNAL, ETC.

The following resolutions were also carried:—

1. "That a request be made to the medical staffs of the several county hospitals in this Branch to allow their house-surgeons to report in the JOURNAL any cases of interest that may come under their notice; and that, as some acknowledgment of their services, a copy of the JOURNAL be supplied to them."

2. "That the members of the East Anglian Branch be requested to subscribe individually 5*s.* towards the liquidation of the debt referred to by Mr. Terry of Northampton."

NEW MEMBERS.

Mr. Brame of Lowestoft, Dr. Goodwin of Bury St. Edmunds, and Mr. Hale of Aldeburgh, were elected members of the Branch.

PAPERS AND COMMUNICATIONS.

The following papers, giving rise to much interesting discussion, were read.

1. The Use of Elaterium in Chronic Ascites: and 2. The Treatment of Boils. By C. M. Durrant, M.D.

3. Case of Ulceration of the Duodenum, causing Death by Erosion of the Pyloric Artery. By W. Ranking, M.D.

4. Case of Congenital Hernia. By T. W. Crosse, Esq.

[These papers have been received for publication in the JOURNAL.]

5. A Case of doubtful Arthritis was also detailed by Mr. Gorham.

6. Many of the members gave the results of their experience in Diphtheria, which was generally thought to be gradually assuming a milder form both in Norfolk and Suffolk.

At half-past five, the members and their friends dined together at the Royal Hotel.

READING BRANCH: ANNUAL MEETING.

THE Annual Meeting of the Reading Branch was held in the Council Chamber, Reading, on Wednesday, July 13th: JOHN MCINTYRE, M.D., President, in the Chair. There were also present: C. M. Burnett, M.D. (Alton); F. A. Bulley, Esq. (Reading); C. Cowan, M.D. (Reading); H. Cooper, Esq. (Reading); F. G. Harcourt, Esq. (Binfield); I. Harrinson, Esq. (Reading); R. M. Inman, Esq. (Reading); T. W. Jeston, Esq. (Henley); G. May, Esq. (Reading); G. May, jun., Esq. (Reading; W. W. Moxhay, Esq. (Reading); A. J. Moore, Esq. (Reading); — Ord, Esq. (Reading); G. Pound, Esq. (Odiham); J. Taylor, Esq. (Wargrave); R. T. Woodhouse, M.D. (Reading); H. Waldron, Esq. (Theele); T. L. Walford, Esq. (Reading); J. W. Workman, Esq. (Reading); E. Wells, M.D. (Reading); W. B. Young, Esq. (Reading).

The PRESIDENT (Dr. McIntyre) delivered an address, which is published at p. 584.

OFFICERS AND COUNCIL.

The following officers and Council were elected:—*President-elect:* R. T. Woodhouse, M.D. *Representative in the General Council:* W. B. Young, Esq. *Council of the Branch:* G. D. Brown, Esq.; W. B. Young, Esq.; E. Wells, M.D.; R. T. Woodhouse, M.D.; J. W. Workman, Esq. *Honorary Secretary:* G. May, jun., Esq.

THE RESIGNATION OF SIR CHARLES HASTINGS.

Dr. COWAN proposed—

"That the representative be desired to express the unanimous wish of this Branch that Sir C. Hastings be requested to accept the reappointment to the offices of President and Treasurer of the Association."

This was seconded by Mr. MAY, and carried unanimously.

COMMUNICATION.

Mr. HARCOURT then read the Retrospective Address of the Reading Pathological Society. In accordance with the wish of the meeting, this paper will be published in the JOURNAL.

The members and their friends afterwards dined together at the George Hotel.

SHROPSHIRE BRANCH: AMALGAMATION WITH THE SALOPIAN MEDICO-ETHICAL SOCIETY.

A MEETING of the Shropshire Branch of the British Medical Association was held at Shrewsbury, on July 15th, to receive the Report of the Committee which was appointed at the last meeting of the Branch to confer with the Council of the Salopian Medico-Ethical Society concerning the amalgamation of the respective societies. The President of the Branch was in the Chair. The following Report was read.

REPORT.

"In accordance with resolution No. 3 passed at the last meeting of the Shropshire Branch of the British Medical Association, we, the undersigned, having been appointed on behalf of the Branch to confer with Messrs. Arrowsmith, Styrap, and Fenton, who were appointed on behalf of the Salopian Medico-Ethical Society, to examine the rules of the Ethical Society, with the view of amalgamating the two societies,—beg to report that, having carefully read over the rules of the Ethical Society, and suggested such alterations as we thought advisable (which were readily adopted by the gentlemen who represented the Ethical Society), we most cordially approve of the amended rules, and fully concur in the propriety of the amalgamation, and also in the adoption of the Ethical rules by this Branch.

"HENRY JOHNSON, *Chairman.*
"FRANCIS WHITWELL.
"J. R. HUMPHREYS."

It was proposed by Mr. CARTWRIGHT, seconded by Mr. STEPHENS, and resolved—

"That the Report of the Committee be accepted, and the amalgamation of this Branch with the Salopian Medico-Ethical Society be now effected; and that the rules of the Ethical Society, as amended by the Committee, be adopted by this Branch."

The following resolution was then proposed by Mr. ARROWSMITH, seconded by Mr. FENTON, and adopted:—

"All existing members who are unwilling to join the Ethical Branch shall have the same privileges which they now enjoy as members of the British Medical Association; but that all future members who may be admitted be required to join the amalgamated society, and conform to its rules."

Reports of Societies.

ROYAL SOCIETY.

MAY 26TH, 1859.

Sir B. BRODIE, Bart., President, in the Chair.

ON THE STRUCTURE OF THE ULTIMATE AIR-TUBES, AND THE DISTRIBUTION OF THE BLOOD-VESSELS OF THE HUMAN LUNGS. BY A. T. H. WATERS, ESQ., LECTURER ON ANATOMY AND PHYSIOLOGY, LIVERPOOL.

THE bronchial tubes terminate in a dilatation, into which open a number of cavities, to which various names have been given, but which Mr. WATERS proposes to call air-sacs. The air-sacs connected with a terminal bronchial twig, with their vessels, etc., constitute a *lobulette*. The lobulette consists of six to twelve air-sacs: the latter are somewhat elongated cavities, lying side by side in the lobulette, and separated from each other by thin walls; in shape they are polygonal, from mutual pressure of their parietes. They all communicate with the dilated extremity of the bronchial tube, which forms the common mouth or centre of all the sacs. They have no lateral orifices of communication with each other. They often divide, or give off other sacs. The air-sacs of one lobulette do not communicate with those of another.

The walls of the air-sacs are covered by a number of small, shallow, cup-like depressions, separated from each other by partial septa. These depressions or alveoli are very numerous; their number varies in different air-cells from eight to twenty.

The lobulettes are supported externally by the pleura, but within the lung in part by the bronchial tubes and blood-vessels.

The membrane forming the walls of the air-sacs, in a lung inflated and dried, is very transparent; it constitutes, by its projection towards the centre of the sacs, the septa of the alveoli.

Each lobulette is distinct and separate from those which surround it. The separation may be sometimes seen in the inflated infant's lung; but the observation of the fœtal lung affords the best proof of it.

The author alluded to investigations he had made on the lungs of fœtuses, which confirmed the view he had taken of the arrangement of the ultimate pulmonary tissue, and of the separation between the lobulettes.

The air-sacs are fully formed before birth, and each lobulette is seen as a little red body attached to an air-tube. By a partial or complete inflation of the fœtal lung, the arrangement of the air-sacs may be distinctly made out.

The bronchial tubes at their termination have a special character. A number of alveoli, like those of the air-sacs, are found in their walls. They are best seen in the lungs of some of the lower animals, as the cat. The author has found them in the infant, in the last divisions of the bronchial tubes and their dilated extremity; in the adult, only in the dilated extremity. They seem to become obliterated with advancing age. Their existence was first pointed out by Rossignol.

The Blood-Vessels of the Lungs. The pulmonary plexus is situated in the walls of the air-sacs. When formed, it maintains a tolerably uniform diameter throughout. The spaces between the vessels, in an injected and inflated preparation, are somewhat larger than the vessels themselves. The branches of the pulmonary artery do not anastomose till they reach the termination of the bronchial tubes; they anastomose freely in the air-sacs. The author believes that the vessels of one lobulette do not anastomose with those of another; that, consequently, in the adjoining walls of two lobulettes, two layers of capillaries lie side by side; and therefore, in such situations, the blood is *not* fully exposed to the air on both sides. The radicles of the pulmonary veins issue from the periphery of the lobulettes; and, forming larger vessels, run in the interlobular spaces to the root of the lung.

After briefly alluding to the general opinion of the distribution, etc., of the bronchial vessels, the author described the results of his own injections.

Injection of the pulmonary artery, so as to fill the plexus, but not the veins, does not inject the vessels of the bronchial tubes; but if the veins are filled, the bronchial tubes become partially injected. Injection of the pulmonary veins, whether the plexus be well filled or not, always injects the bronchial tubes. Injection of a bronchial artery, when fairly within the lung, produces injection of the bronchial tubes; and the fluid returns by the pulmonary veins. It is difficult, in man, to fill the vessels of the extreme bronchial tubes through the bronchial artery.

The Bronchial Veins. The author has never been able to find the so-called deep bronchial veins as *venæ comites* of the arteries. The only veins he has found have been one or two small ones, usually one, at the root of the lung, which, on being injected, were found to terminate in the structures about the root, and not to accompany the arteries within the lung.

From careful injection and repeated examination of a large number of specimens, both of man and the lower animals, the author draws the following conclusions of the distribution and termination of the bronchial vessels.

I. The bronchial arteries are distributed to the bronchi, bronchial glands, etc., bronchial tubes (both their mucous membrane and deeper parts), the blood-vessels and areolar tissue of the lungs: and they terminate—1. Those about the root of the lung, in the bronchial veins; 2. Those within the lung, in the pulmonary veins.

II. The bronchial arteries do not establish any communication with the pulmonary arteries.

The author concluded by alluding to the views of previous observers.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28TH, 1859.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

OBSERVATIONS ON THE MEDICAL ADMINISTRATION OF OZONISED OIL. BY THEOPHILUS THOMPSON, M.D., F.R.S.

Dr. THOMPSON, after some general remarks on the properties of ozone, described the results obtained by its administration in association with oils; the oils being ozonised by exposure for a considerable time to the direct rays of the sun, after previous saturation with oxygen gas, according to the process adopted by Mr. Dugald Campbell. The cases of fourteen consumptive patients, to whom the ozonised oils were given, were detailed; and the principal facts noted were also appended in a tabular form. The conclusion to which these experiments point, was that the administration of ozonised oils had a remarkable tendency to reduce the frequency of the pulse. Of the fourteen patients whose cases were detailed, in two no such effect was observed; and in the larger proportion the effect was very considerable, and must be attributed to the ozone rather than to the oil, since it was repeatedly manifested in patients who had taken cod-liver and other oils without any reduction, or even with an acceleration, of the pulse; and further, the effect on the pulse was nearly as distinct when the ozone was associated with the oil of the cocoa-nut, or of the sunflower, as with that of the cod-liver. The administration of sunflower oil without ozone had not appeared to the author to manifest any important remedial power. The reduction of pulse was usually observed in two or three days, and often continued progressive. A reduction of twenty beats was observed in certain cases to occur respectively in two, three, four, and six days. In other instances a reduction was noted of twenty-four pulsations in fourteen days, thirty-four in thirteen, thirty-six in twenty-two, forty in eleven. In one patient the pulse fell as low as sixty—probably considerably below the natural standard; but in most of the favourable instances the reduction stopped when that standard was obtained.

The apparent effect of the remedy was one which, prior to experiment, the author would not have anticipated. No other obvious result was noticed, excepting a general improvement in the patient's condition. In some of the patients, the use of simple and of ozonised oils was alternated. In one case the alternation was made three times, and the result was, in each

interchange of treatment, so direct and remarkable as to make that particular example equivalent in force to three experiments.

In addition to the patients under his own observation, the author referred to four instances noted by Dr. Scott Alison, who obligingly pursued the investigation during Dr. Thompson's absence from the hospital. In these four cases, the disease was in the third stage. In two, a remarkable reduction in the rapidity of the pulse, amounting to about twenty beats, occurred under the use of the ozonised oil, while the improvement induced could not be referred to any other cause. Dr. Alison remarked, "I attach some value to this observation; for I prescribed the oil totally divested of all prejudice in its favour, and I have always been reluctant on imperfect grounds to refer results to the operation of medicines. If ozonised oil can reduce the rapidity of the circulation—a feature of great prominence in phthisis—this remedy possesses a most valuable property, rendered still more valuable by its contributing at the same time to improve the general health."

The author had used ozonised oil of turpentine with marked and prompt advantage in some cases of hæmoptysis, but had not sufficiently repeated the experiment to feel entitled to express an opinion as to its remedial superiority over ordinary turpentine. Should more extended observation establish for ozonised oil the property indicated by these experiments, it would prove a valuable addition to our list of remedies, especially in consumption (a disease peculiarly characterised by hurried action); but not, perhaps, exclusively in this disorder, since there were other morbid conditions, in the treatment of which it was very important to lower the pulse without reducing constitutional strength.

CASE OF PARALYSIS AS TO VOLUNTARY MOTOR POWER OF ONE HALF OF THE BODY, ATTENDED BY CONTRACTILE HYPERÆSTHESIA ON THE CORRESPONDING SIDE OF THE FACE, AS THE RESULT OF COMPRESSION OF CERTAIN LATERAL PARTS OF THE BRAIN FROM AN INTRACRANIAL ANEURISM; WITH OBSERVATIONS UPON "INDUCED" PARALYSIS.

BY JOHN W. OGLE, M.D.

In this communication, after prefatory allusions to the general subject of the production of motor paralysis from injury or disease of the corresponding side of the brain, in contradistinction to a crossed paralysis from an affection of the opposite side of the brain, Dr. Ogle related a case of aneurism of the left anterior cerebellar artery, so placed as directly to press upon the anterior surface of the middle crus cerebelli on the left side, and implicating, although to a very slight degree, the superficial part of the neighbouring pons Varolii, etc. The apparent root of the fifth cranial nerve, on the same side, was also pressed upon by the aneurism; and the seventh nerve, in its forward course towards its exit from the cranium, was greatly pressed upon. The other cranial nerves, excepting the optic nerves, were unaffected.

The specimen was removed from the body of a middle-aged woman, who had been an epileptic, and had lost her sight for five years. She also suffered from partial loss of muscular power on the left side of the body, and contractile hyperæsthesia of the skin on the left side of the face and head; and impairment of the senses of smell, taste, and hearing on the left side.

The chief point of interest in the case was the existence of paralysis, more or less incomplete, of the muscles of the limbs on the side of the body corresponding with the cerebral pressure; but, besides affording an illustration of the existence of such an anomalous form of hemiplegia, the case was exceedingly interesting as being an instance in evidence of the statement, lately established by Dr. Brown-Séquard, that when pressure is made on the anterior surface of one of the crura cerebelli, without materially injuring neighbouring structures, the paralysis produced (if any be caused) will be almost invariably of the muscles on the *corresponding* side of the body.

Dr. Ogle pointed out the coincidence in this case between the interference with the sensibility of the skin, the power of the moving muscles of the jaw, and the sense of taste, on the one hand, and the pressure upon the fifth cranial nerve on the other; and again, between the deafness and facial paralysis, and the injury to the seventh pair of nerves.

The author considered the probable causation of the paralysis existing on the same side of the body as the cerebral lesion—a form which Brown-Séquard looks upon as being owing, not to any absence of action, but to some kind of irritation, or "excess of action," reflected, as he states, to some central or conducting part of the nervous system from the particular part primarily affected. Dr. Ogle, whilst recognising this method of explanation, ventured to suggest the term "induced" paralysis, as being one more clearly conveying the meaning intended to be given by the word, and as being less likely to be misunderstood than the expression "sympathetic," or "reflected," paralysis, which Dr. Brown-Séquard had applied to this form of paralysis.

Editor's Letter Box.

EXTERNAL USE OF MUCUNA PRURIENS AS AN EXCITANT.

LETTER FROM J. RHODES, ESQ.

SIR,—I beg to request the insertion of a few brief remarks on the external use of mucuna pruriens.

Having often been disappointed in rousing patients when comatose, in apoplexy, etc., by ordinary external stimuli, I have on a few occasions applied the mucuna pruriens on the chest, arms, and legs, in cases where hope of returning consciousness existed. In one or two minutes after its application, the legs and arms have begun to start, and the patient has violently attempted to rub his chest, etc., with his hands; and in a few minutes consciousness has returned. It might be useful in comatose states from chloroform or narcotics in general, and in drowning. I sprinkle it upon the part myself, gently rub it in, and repeat it when necessary. When it has acted sufficiently after the patient is roused, a little olive oil is applied if its action is too severe.

I shall be glad to see any reported cases of success by this means. I am, etc., J. RHODES.

Glossop, July 7th, 1859.

MEDICAL EVIDENCE IN COURTS OF JUSTICE, ETC.

SIR,—Clause XXXVI of the Medical Act enacts that "no unregistered person shall hold certain appointments, etc.; and clause XXXVII states that "no certificate shall be valid, unless the person signing the same be registered under the above Act."

As no allusion is made in the Act to any qualification necessary for a person before his evidence should be received in a court of justice, or coroner's court, is it to be inferred or tolerated that any *pretender* may be put in a witness box, and his evidence, for or against a prisoner, be taken by the judge and jury as *medical evidence?*

Such was allowed at the quarter sessions held in Anglesey, in April 1858, when a *bonesetter* was examined *after* a duly qualified practitioner, in order, in this case, to increase the amount of injuries alleged to have been inflicted by the defendant upon the plaintiff by a brutal assault.

Was such evidence legal then? Will it be so under the Medical Act? As assizes, etc., are now being held, it would be desirable that this point should be understood.

I am, etc., CHIRURGUS.

July 1859.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, July 15th, 1859.

THE INDIAN MEDALS: ARMY MEDICAL OFFICERS.

Captain L. VERNON asked the Secretary of State for War whether he would recommend that the clause No. 12 of the Commissariat Warrant be extended to the Medical Officers' Army Warrant, whereby a medical officer after twenty years' meritorious service, if pronounced by a medical board as permanently unfit for service, either mentally or physically, may be allowed to be placed on the permanent retired list. He also wished to ask the Secretary for War when the medals would be issued which it was understood would be granted for the achievements of the army in India.

Mr. S. HERBERT replied that, as to the medals, as soon as it was decided for what operations they should be granted, instructions were sent out to Lord Clyde to furnish lists, which had not yet been received. With regard to the commissariat and medical officers, he believed that both services had been

treated according to a just appreciation of their services, and he was not prepared to say that the particular rewards given to one should be extended to the other.

Tuesday, July 19th.

PUBLIC HEALTH BILL.

Mr. LOWE moved the third reading of the Public Health Bill. When the Central Board of Health was abolished, he observed, the compulsory powers possessed by that Board, which could not be given to the local Boards, were vested in the Privy Council by an Act which had been continued from year to year, and would expire in a few days. The Bill proposed to make this Act perpetual, with certain modifications, not conferring upon the Privy Council any general compulsory powers. He explained at some length the scheme and main provisions of the measure.

After a long debate, the House divided upon an amendment moved by Mr. AYRTON, that the order for the third reading be discharged, which was negatived by 101 to 95, and the Bill was read a third time.

THE RIVER THAMES.

Sir G. C. LEWIS, in moving for leave to bring in a Bill to extend the powers of the Conservators of the River Thames, said the object was one which would be approved by the House,—viz., to assist in the purification of the River Thames. [*Cheers.*] He was afraid, however, it would be of a very limited extent. The Conservators had represented to him that certain of their powers were deficient with respect to preventing the conveyance of impurities into the river, and he proposed to bring in a short Bill to supply that defect. [*Hear, hear.*]

The motion was agreed to.

MEDICAL ACTS.

Mr. WHITESIDE obtained leave to bring in a Bill to amend the Medical Acts, 21st and 22nd Victoria, cap. 9, and 22nd Victoria, cap. 21.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

BALL. On July 12th, at Heckfield, Hants, the wife of *Richard Dechamp Ball, Esq., Surgeon, of a daughter.

BISSHOPP. On July 15th, at 1, Lawn Place, South Lambeth, the wife of J. Bisshopp, Esq., Surgeon, of a son.

CRISP. On July 16th, at 2, Charlotte Row, Walworth Road, the wife of F. A. Crisp, Esq., Surgeon, of a daughter.

GUTHRIE. On July 13th, at 13, Pall Mall East, the wife of C. G. Guthrie, Esq., of a child, stillborn.

MARTIN. On July 9th, at Alderbury, Oxfordshire, the wife of Henry V. Martin, Esq., Surgeon, of a son.

MURIEL. On July 17th, at Norwich, the wife of C. E. Muriel, Esq., Surgeon, of a son.

MARRIAGES.

BRADFORD—FELTON. Bradford, W. Jocelyn, Esq., M.B., to Isabella, daughter of John Felton, Esq., of Dublin, on July 16th.

COWAN—PRITCHARD. *Cowan, Michael W., M.D., R.N., to Emma Louisa, youngest daughter of the late Commander John W. Pritchard, R.N., at Southsea, on July 14th.

GARRARD—NORTON. Garrard, Frederick Blackall, Esq., to Eliza Shelton, second surviving daughter of Robert Norton, M.D., of Bayswater, on July 13th.

JAMES—NORTON. James, the Rev. Theodore William, B.A., curate of St. Mary Magdalene, Lincoln, to Emily, eldest surviving daughter of Robert Norton, M.D., of Bayswater, on July 13th.

KINSEY—PEILE. Kinsey, R. B. Esq., garrison surgeon at Fort William, Calcutta, to Ann, youngest daughter of Solomon Peile, Esq., of Clarendon Gardens, Maida Hill, at Allahabad, on May 30th.

PROTHEROE—BEYNON. Protheroe, Edward Schaw, Esq., Surgeon Royal Artillery, to Ellen Augusta Cecilia, daughter of J. T. Beynon, Esq., of Trewern, Pembrokeshire, at Llandewy, on July 2nd.

RAWES—WAPSHARE. Rawes, William Wilson, Esq., Surgeon of the Madras Cavalry, to Emma Fanny, eldest daughter of Major Wapshare, 10th Madras Native Infantry, at Madras, on April 28th.

SWAIN—WARD. Swain, William Paul, Esq., surgeon, of Devonport, to Harriett Eliza Cleeve, youngest daughter of the late John Ward, Esq., of Exeter, on July 14th.

DEATHS.

CARR. On July 15th, at Lee, Blackheath, aged 15 months, the infant daughter of William Carr, Esq., Surgeon.

DAVEY, Robert, Esq., Surgeon, formerly of Keppel Street, Russell Square, at Nice, on July 9th.

EVANS. On July 11th, aged 71, Mary, widow of Lewis Evans, Esq., Surgeon, of Finsbury.

*HARMER, Alfred, Esq., Surgeon, at Wrentham, Suffolk, aged 45, on July 5th.

MANTELL, George, M.D., late of Faringdon, Berks, at Bath, aged 69, on July 12th.

SINCLAIR, Jeffery A., Esq., late Member of the Medical Board, Bombay, at York Street, Portman Square, on July 16th.

WOOLLEY. On July 13th, at Backden, Huntingdonshire, aged 71, Charlotte, wife of George Woolley, M.D., late of Brompton, Middlesex.

APPOINTMENTS.

ARNOTT, J. M., Esq., F.R.S., elected President of the Royal College of Surgeons of England.

HAWKINS, Cæsar H., Esq., F.R.S., elected Vice-President of the Royal College of Surgeons of England.

HILTON, John, Esq., F.R.S., Surgeon to Guy's Hospital, elected Professor of Surgery to the Royal College of Surgeons, in the room of P. G. Hewett, Esq., resigned.

SAVORY, William Scovell, M.B., F.R.S., elected Professor of Comparative Anatomy and Physiology in the Royal College of Surgeons, in the room of G. Busk, Esq., resigned.

SOUTH, John F., Esq., elected Vice-President of the Royal College of Surgeons of England.

PASS LISTS.

ROYAL COLLEGE OF PHYSICIANS. LICENTIATE admitted under the recent temporary bye-laws, at the Comitia Majora, held on Friday, July 15th:—

DOWN, John Langdon Haydon, M.D., Earlswood, Reigate

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, July 15th, 1859:—

ADAMS, Matthew Algernon, Margate
AGAR, Frederick, Royal Navy
ANNANDALE, Thomas, Newcastle-on-Tyne
ARMINSON, John, Preston, Lancashire
BARRETT, Alfred Edward, Eton, Bucks
BARROW, Edward Sharson, Demerara
BRACEY, Charles James, Birmingham
CATT, Alfred, Brighton
DAVIES, John Sides, Oswestry
DAVIS, George Henry, London
FRENCH, John Gay, Ballygar, co. Galway
GLASIER, George William, Lincoln
HARRIS, William John, Worthing
HODGSON, James Birkett, Preston
HOLMAN, Thomas, East Hothley, Sussex
LOVEGROVE, Charles, Maidenhead
MENZIES, James Irvine, Upper Stamford Street
REED, Samuel Cartwright, Hemel Hempstead
STEELE, James, Lancaster
STOTHARD, John Matthew, Dublin
TAYLER, Herbert, Tywardreath, Cornwall
WITHERS, Frederick John, Tetbury, Gloucester

Monday, July 18th:—

BAMFIELD, Samuel, Falmouth, Cornwall
BARNES, William Edgar Grose, Newbury, Berkshire
BLENKINSOP, William Henry, East Indies
BOLT, Robert Andrew, Looe, Cornwall
CHARLTON, Egbert, Tunbridge
COCKS, Benjamin, Tamworth
COOPER, George Frederick, Caversham, Reading
DAVEY, Edward Myhill, Sawston, Cambridgeshire
FOX, Charles Henry, Brislington, Somerset
FULLER, William Francis, Bridgewater, Somerset
HAMMOND, Charles, Southampton

HIDE, John, Brighton
HILL, John Daniel, Brentford
ISTANCE, Richard, Carmarthen
McGOWAN, Samuel Alexander, Belfast
MEAD, Henry Thomas Harvey, Canterbury
MOORE, David, Royal Navy
PEMBREY, Thomas, Overton, Flintshire
ROWBOTHAM, William, Woolwich
SALMON, William Thomas, Canada West
SMITH, Seth, West Deeping, Lincolnshire
THOMPSON, Abraham, Gosforth, Cumberland
WEBSTER, Frederick Richard, St. Albans

Tuesday, July 19th, 1859:—
ANDREW, Augustus Littlewood, Manchester
BELINFANTE, Simon, Holland
BULLOCK, Thomas William, Stow in the Wold
COLBECK, Thomas William, Hornton Street, Kensington
FENNELL, Charles, Bromley, Kent
FOSTER, John, Leeds
GAUSSEN, James Robert, Dublin
GREEN, Thomas Sheldon, Ashby de la Zouch
HARDEN, Charles, Bristol
HOCKING, Thomas Edward Giddy, Penzance
JERRY, William, Thornton Wensleydale
JESSOP, Thomas Richard, Brighouse, Yorks
KEYNSEY, Josiah Frederick, Dublin
MANN, David, near Worsley, Leeds
O'FLAHERTY, Thomas Alexander, Lisburn, co. Antrim
PARKES, Thomas, Woolwich Common
POWER, John Livingstone, Dublin
ROBERTS, Arthur, Montpelier Square, Knightsbridge
SAMSON, Arthur Ernest, R. W. Ophthalmic Hospital
SEWELL, Joseph James, Halstead, Essex
SHINE, William Lamb, Bandon, co. Cork
STANFIELD, William, Ashton-under-Lyne
WARBURTON, Alfred, Frodsham, Cheshire

APOTHECARIES' HALL. Members admitted on Thursday, July 7th, 1859:—
MAYOR, Thomas Orlando, Bristol
SMIRTHWAITE, George, Hargreaves Street, Burnley
WATERS, John, 20, Great Russell Street

Thursday, July 14th:—
LEE, John, Ashbourne, Derbyshire
MANN, David, New Wortley, Leeds
MARTIN, Timothy Henry, Merthyr Tydvil
MORETON, Thomas, Martonhall, Cheshire
TROTTER, Charles Hardy, Coleford, Gloucestershire

TESTIMONIAL TO JOHN SUTTON, ESQ. The members of the West Kent Medical Book Society, at their recent annual meeting, presented Mr. Sutton with a handsome library clock, as a mark of their esteem, on the fiftieth anniversary of his treasureship.

TO CORRESPONDENTS.

THE MEDICAL REGISTER. Mr. Robert Martin Craven, of Albion Street, Hull, informs us that, not finding his name in the *Medical Register*, he has made inquiry as to the cause, and has been informed that a local registrar had reported the death of a Robert Martin Craven, at *Scarborough*. We agree with our correspondent in thinking that in all such cases of deaths reported by registrars under Section XLV of the Medical Act, care should be taken to compare the dates of the diplomas and age of the individual registered with those of him who is reported as dead.

Communications have been received from:—MR. J. R. HUMPHREYS; MR. F. G. HARCOURT; MR. CLENDON; DR. BEALE; MR. C. LEONARD; MR. WATERS; MR. MARSACK; MR. D. K. JONES; DR. RUSSELL; MR. J. REID; DR. W. GARSTANG; DR. J. G. DAVEY; MR. GRIFFIN; MR. T. PAGET; DR. BARKER; MR. S. H. EVANS; MR. W. COPNEY; DR. McINTYRE; MR. G. MAY, JUN.; MR. R. M. CRAVEN; MR. T. HOLMES; DR. SALTER; DR. PALEY; DR. RICHARDSON; DR. E. A. PARKES; and DR. G. M. HUMPHRY.

ADVERTISEMENTS.

"PULVIS JACOBI VER., NEWBERY'S."

Diphtheria, Fevers, Hooping Cough, etc., etc. We beg to caution the profession against imitations of this invaluable medicine, for so many years prescribed as "Pulvis Jacobi Ver.", but to which it is now necessary to add the name "**Newbery's**", to secure prescribers against the *substitution* of articles advertised as James' Powder, *but which have nothing in character, dose, or effect*, with the original article, which has been prepared at 45, St. Paul's Churchyard continuously since its introduction in 1746.

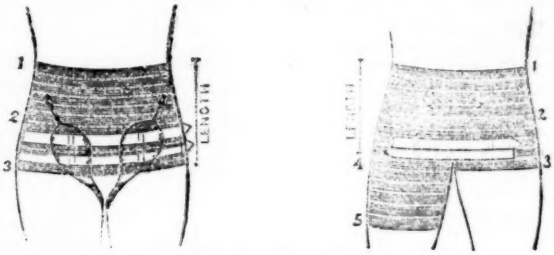
Price—1 oz. Bottles, 11s.; ½ oz. Do., 4s. 6d.; with the usual allowance to the profession. (Signed) F. NEWBERY & SON.

The introduction of the Spiral Elastic

PRINCIPLE in Surgical appliances is the SOLE INVENTION OF MR. P. BOURJEAURD, PATENTEE, and the *élite* of the Medical profession, in recognition of the fact, uniformly recommend his Spiral Elastic Stockings, Knee-Caps, Ankle Socks, Abdominal Supporters, Hernia Apparatuses, etc., as being *the only Elastic Bandages and appliances ever invented, that secure permanent and accurately regulated compression of the parts affected*, without seams or lacing. The consequence has been, highly beneficial results to an almost incredible extent; hence the disgraceful manner in which unprincipled imitators, altogether incapable of devising any thing useful themselves,—totally unacquainted with anatomical and physiological laws, and the nature, cause, and effects of Hernia, Œdema, etc.,—commit the most barefaced piracies upon the inventions, woodcuts, and advertisements, with the intent to rob Mr. BOURJEAURD of his well-earned reputation.

The Spiral Elastic Compressional Appliances are constructed solely by, and can be obtained only of, MR. P. BOURJEAURD, *Inventor and Patentee*, at his establishments, which are strictly private, No. 11 DAVIES STREET, BERKELEY SQUARE, near Mivart's Hotel; and 11 RUE DES BEAUX ARTS, PARIS. All others are spurious imitations.

NOTE.—*Patients of limited means and the poor are supplied at charges not exceeding the cost of Articles made of the common elastic fabric. At home from 11 to 6 o'clock.*



BELT AND AIR-PAD FOR INGUINAL HERNIA.

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